

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X
ANJANI SINHA MEDICAL, P.C.,

Plaintiff(s),

-against-

EMPIRE HEALTHCHOICE ASSURANCE, INC.,
DBA EMPIRE BLUE CROSS BLUE SHIELD,

Defendant(s).
-----X

Index No.: 1:21-cv-00138

**AMENDED
COMPLAINT**

Plaintiff by its attorney, JONATHAN B. SEPLOWE, ESQ, complaining of the Defendant herein states and alleges:

1. That at all times hereinafter mentioned, the plaintiff, ANJANI SINHA MEDICAL, P.C. (SINHA), was and still is a resident of the County of Queens, City and State of New York.
2. That at all times hereinafter mentioned the defendant, EMPIRE HEALTHCHOICE ASSURANCE, INC. (EMPIRE), was and still is a domestic corporation authorized to do business in the state of New York.
3. That at all times hereinafter mentioned, EMPIRE was and still is foreign corporation authorized to do business in the state of New York.
4. That at all times hereinafter mentioned EMPIRE offers health insurance plans to consumers in the state of New York.
5. That EMPIRE insured JAMES BAEZ, under a contract of insurance in effect on April 23, 2019, as member ID number YLD85207653, group 375375, PPO BS Plan 803 BC Plan 303. Copies the front and back of James Baez's insurance card are annexed as Exhibit A.
6. That JAMES BAEZ sustained injuries in a motor vehicle accident which occurred on April 23, 2019 while he was occupying a motorcycle.

7. Since JAMES BAEZ was occupying a motorcycle, he was not eligible for No-Fault benefits. Therefore, SINHA submitted its claim to EMPIRE. Copies of SINHA'S bills and its intake statement are annexed as Exhibit B.
8. On or about July 30, 2019, SINHA provided medical services to JAMES BAEZ, including surgery to the left knee. The surgery was performed by a surgeon and a physician's assistant. *See* Ex. B.
9. On or about August 20, 2019, SINHA provided medical services to JAMES BAEZ, including surgery to the right knee. The surgery was performed by a surgeon and a physician's assistant. *See* Ex. B.
10. On or about August 21, 2019, SINHA mailed the bill for the July 30, 2019 date of service, with supporting medical documentation, to Blue Cross, Blue Shield, P.O. Box 1407, Church Street Station, New York, NY 10005. The bill included charges for both the surgeon and physician's assistant for CPT codes 29881, 29876 and 29999. *See* Ex. B. CPT code 29999 is a miscellaneous code that does not have a description. SINHA billed 29999 for a collation arthroplasty. *See infra*, Ex. D.
11. On or about September 4, 2019, SINHA mailed the bill for the August 20, 2019 date of service, with supporting medical documentation, to Blue Cross, Blue Shield, P.O. Box 1407, Church Street Station, New York, NY 10005. The bill included charges for both the surgeon and physician's assistant for CPT codes 29880 and 29876. *See* Ex. B.
12. CPT code 29881 is for a meniscectomy of the medial or lateral meniscus. CPT code 29880 is for a meniscectomy of the medial and lateral meniscus.
13. Had JAMES BAEZ not been occupying a motorcycle, then SINHA would have submitted its claims to JAMES BAEZ'S No-Fault insurer and would have billed at the NO-Fault

rates. In No-Fault cases SINHA uses the charge for CPT code 29879 as a comparison code to determine the charge for a coblation arthroplasty.

14. In No-Fault, the full charges for a surgeon and physician's assistant, respectively are:

CPT Code 29881 - \$2,013.26 and \$215.42;
CPT Code 29880 - \$2,471.34 and \$264.43;
CPT Code 29876 - \$1,878 and \$200.96;
CPT Code 29879 - \$1,779.64 and \$190.42.

15. Because the injury was not covered by No-Fault, which limits the amount healthcare providers may charge, SINHA used the usual and customary fee to determine the charge for medical services rendered.

16. Said usual and customary fee is the amount charged for services provided by a similarly qualified provider in the same geographical region.

17. Under the usual and customary fee, SINHA billed the surgeon and physician's assistant charges, respectively, as:

CPT Code 29881 – \$13,250.00 and \$1,417.75;
CPT Code 29880 - \$14,500.00 and \$1,551.50;
CPT Code 29876 - \$17,000.00 and \$1,819.00;
CPT Code 29879 - \$9,842.00 and \$1,053.09.

18. For both the No-Fault rate and the usual and customary rate, the charge for the physician's assistant is 10.7% of the rate charged for the surgeon.

19. For the July 30, 2019 left knee surgery, SINHA charged a total of \$40,092 for the surgeon and \$4,289.84 for the physician's assistant, for a total of \$44,381.84. *See Ex. B.*

20. For the August 20, 2019 right knee surgery, SINHA charged \$31,500 for the surgeon and \$3,370.50 for the physician's assistant, for a total of \$34,870.50. *See Ex. B.*

21. On or about July 30, 2019, prior to performing the first surgery, SINHA had its Surgical Coordinator, Clara Clement, contact the Blue Cross Blue Shield, at 1-800-553-9603, the number given on the back of James Baez's insurance card. *See Ex. A.*
22. Ms. Clement spoke to a "Fletcher M" at Blue Cross Blue Shield, who gave her a call reference of #I-17415921. Ms. Clement requested verification of coverage eligibility and approval to provide surgical services. She informed Fletcher M. that the surgery would be for bilateral body parts.
23. Fletcher M. informed Ms. Clement that no pre-certification, no authorization or pre-determination was required. He instructed Ms. Clement to "please mail claims" to the address listed on the insurance card. *See Ex. A.*
24. SINHA offered to provide medical treatment to JAMES BAEZ on condition that EMPIRE would pay the cost of services rendered.
25. SINHA'S submissions of its claims to EMPIRE were on approved claim forms, identifying the date and type of medical services rendered and charges for each procedure performed. *See Ex. A.*
26. EMPIRE received the claim in the amount of \$44,381.84, for payment of the July 30, 2019 medical services rendered by SINHA to JAMES BAEZ.
27. EMPIRE received the claim in the amount of \$34,870.50, for payment of the August 20, 2019 medical services rendered by SINHA to JAMES BAEZ.
28. EMPIRE did not process the bills immediately and SINHA had to reprint and re-submit the bills. The bills were automatically redated when reprinted. *See Ex. B.*
29. EMPIRE denied the physician's bill for the July 30, 2019 left knee surgery on April 18, 2020. For the August 20, 2019 right knee surgery, EMPIRE denied the surgeon's bill on

June 19, 2020 and denied the physician's assistant's bill on June 20, 2020. Copies of all denials and explanations of benefits are annexed as Exhibit C.

30. EMPIRE'S denials and explanations of benefits list four different claim numbers: 1650227740, 1650227750, 0760213750 and 0760213750. *See* Ex. C.

31. EMPIRE'S denials and explanations of benefits do not cite a Plan Provision, in violation of 29 C.F.R. § 2560.503-1(g)(1). *See* Ex. C.

32. On or about May 23, 2020, SINHA appealed the denial of the July 30, 2019 left knee surgery within the administrative procedures set forth by EMPIRE. A copy of the appeal cover letter, Dr. Sinha's May 23, 2020 request for appeal, the July 9, 2019 initial examination report and the July 30, 2019 operative report are annexed as Exhibit D.

33. EMPIRE granted the appeal in part on or about July 13, 2020. A copy of EMPIRE'S letter about its revised decision is annexed as Exhibit E.

34. The appeals described the injuries to JAMES BAEZ as having similar symptoms and MRI findings in his left knee and his right knee.

35. On or about August 1, 2020, EMPIRE issued a partial payment for the medical services rendered by the surgeon on July 30, 2019, in the amount of \$575.48, of which \$517.93 was paid to SINHA and \$57.55 was a co-insurance. *See* Ex. C

36. On or about August 15, 2020, EMPIRE issued a partial payment for the medical services rendered by the physician's assistant on July 30, 2019, in the amount of \$737.16. *See* Ex. C.

37. EMPIRE'S total payment toward date of service July 30, 2019 was \$1,312.64. The remaining balance is \$43,069.20; of which \$39,516.52 is for the surgeon and \$3,552.68. *See* Ex. C.

38. On or about September 23, 2020, SINHA appealed the denial of the August 20, 2019 right knee surgery within the administrative procedures set forth by EMPIRE. A copy of the September 23, 2020 appeal cover letter, Dr. Sinha's September 18, 2020 letter of medical necessity, a May 4, 2020 letter of medical necessity describing the MRI results of both the left and right knees, the right knee MRI report and the operative report with intraoperative photos are annexed as Exhibit F.
39. On or about November 19, 2020, EMPIRE denied the appeal for the medical services provided on August 20, 2019. *See* Ex. C
40. SINHA'S total outstanding balance for the services rendered to JAMES BAEZ IS \$77,939.70.

AS AND FOR A FIRST CAUSE OF ACTION

41. SINHA repeats and realleges the contents of paragraphs 1-40 as if fully set forth herein.
42. Upon information and belief, JAMES BAEZ'S policy with EMPIRE is a Health benefit Plan covered by the Employee Retirement Security Act of 1974 (ERISA) 28 U.S.C. §§ 1001 *et seq.*
43. Pursuant to ERISA, 29 U.S.C. § 1002 (1) (A), the Plan provides for payment of medical, surgical, or hospital care benefits.
44. JAMES BAEZ incurred medical expenses that EMPIRE was obligated to pay.
45. EMPIRE's partial payment of date of service July 30, 2019 shows that the surgery was covered by EMPIRE'S Plan.
46. Since SINHA does not have access to the Plan, and EMPIRE did not cite Plan provisions in its denials or explanations of benefits, SINHA cannot cite specific Plan provisions.

47. EMPIRE permits beneficiaries to authorize payment directly to SINHA for the cost of such medical expense.
48. JAMES BAEZ authorized EMPIRE to issue payment for medical services rendered directly to SINHA. A copy of JAMES BAEZ'S authorization is annexed as Exhibit G.
49. The bills submitted indicate that SINHA accepted an assignment from JAMES BAEZ. *See* Ex. B. Under ERISA, SINHA is an assignee of JAMES BAEZ and may bring an action to enforce payment of benefits under 29 U.S.C. § 1132 (A) (1) (B) as a plan beneficiary.
50. Under 229 C.F.R. § 2560.503-1(g)(1), a denial of benefits must set forth specific reasons for the denial of benefits. The denials EMPIRE issued on April 18, 2020, June 19, 2020 and June 20, 2020 did not set forth a specific reason for denial. *See* Ex. C.
51. SINHA exhausted its administrative remedies by filing the appeal with EMPIRE. *See* Ex. D, Ex. F.
52. The explanation of benefits of EMPIRE'S partial payments for the July 20, 2019 left knee surgery did not set forth a specific reason for the amounts of payment other than a vague reference to "in-network" rate. *See* Ex. C.
53. EMPIRE did not set forth a reason why it paid more for a physician's assistant than for a surgeon. *See* Ex. C.
54. Upon information and belief, the "in-network" rate for the services billed exceeds \$574.48 for a surgeon and \$737.16 for a physician's assistant.
55. It was not until the November 19, 2020 denial of the appeal for the August 20, 2019 right knee surgery that EMPIRE set forth a reason for its denial. *See* Ex. C.
56. Dr. Sinha's July 9, 2019 examination report shows that JAMES BAEZ complained of clicking and giving way in both his left and right knee and Dr. Sinha's examination findings

were identical in both knees. The MRIs revealed a tear of the body and posterior horn of the medial meniscus in each knee. *See* Ex. D.

57. A tear of the medial meniscus in the left knee and a tear of both the medial and lateral meniscus of the right knee were found at surgery. *See* Ex. D, Ex. F.

58. The operative report for the July 30, 2020 left knee surgery shows that one of the procedures performed was a coblation arthroplasty. The operative report further describes the procedure and explained why a coblation arthroplasty was required. *See* Ex. D.

59. Despite SINHA having previously provided a “detailed description of the service” for the coblation arthroplasty, as requested by the August 1, 2020 explanation of benefits, EMPIRE denied the charge for lack of information. *See* Ex. C.

60. Pursuant to said insurance coverage Defendant is obligated to pay usual and customary health care costs incurred by JAMES BAEZ for injuries sustained following an accident on April 23, 2019.

61. SINHA did not contract with EMPIRE to accept a reduced rate for medical services rendered to JAMES BAEZ.

62. SINHA requests a de novo determination of EMPIRE’S decision to 1) deny payment for surgery to the right knee, while paying for surgery to the left knee, even though the injuries and surgical procedures were the same, and there was a greater injury to the right knee as found in the arthroscopy; 2) deny payment for the coblation arthroplasty for lack of information when the operative report supplies the requested information; 3) pay at a rate far below the usual and customary amount for the surgery; 4) pay below the “in-network rate” and 5) pay the physician’s assistant more than the surgeon, when surgeons are entitled to payment of more than nine times the amount of a physician’s assistant. \$

63. Because EMPIRE did not follow the procedures of 29 C.F.R. § 2560.503-1(g)(1) by cining the Plan provision, its determination of SINHA'S appeal is not entitled to discretion.
64. Even if entitled to discretion, EMPIRE's decisions on the appeals were an abuse of discretion, for the reasons set forth in paragraph 60.
65. As a result of the foregoing, SINHA has been damaged in the sum of SEVENTY-SEVEN THOUSAND NINE HUNDRED THIRTY-NINE AND 70/100 (\$77,939.70) DOLLARS.

AS AND FOR A SECOND CAUSE OF ACTION

66. SINHA repeats and realleges the contents of paragraphs 1-65 as if fully set forth herein.
67. SINHA pleads in the alternative, upon information and belief, that EMPIRE's Plan prohibits the assignment of rights to recover health care expenses incurred by JAMES BAEZ.
68. The Authorization signed by JAMES BAEZ is not a full assignment of JAMES BAEZ's ERISA benefits to SINHA.
69. EMPIRE considers SINHA to be an "out-of-network" medical provider.
70. The representation by Fletcher M. on July 30, 2019, that "no pre-certification, no authorization or pre-determination was required" for the surgeries was a separate contract between EMPIRE and SINHA for EMPIRE to pay the claims for the surgeries.
71. Since an out-of-network provider does not have an established contract with EMPIRE for payment at a predetermined rate, EMPIRE knew or should have known that SINHA would expect payment for medical services at the usual and customary fee.
72. Therefore, EMPIRE represented that it would pay "out of network" benefits to SINHA for medical services rendered to JAMES BAEZ.

73. SINHA provided medical services upon the reliance that EMPIRE agreed to pay an “out of network” provider the usual and customary fee for medical services rendered.

74. EMPIRE breached its contract by failing to pay SINHA for the medical services rendered August 20, 2019. EMPIRE further breached its contract for failing to pay the usual and customary amount for the medical services rendered on July 30, 2019.

75. As a result of the foregoing, SINHA has been damaged in the sum of SEVENTY-SEVEN THOUSAND NINE HUNDRED THIRTY-NINE AND 70/100 (\$77,939.70) DOLLARS.

AS AND FOR A THIRD CAUSE OF ACTION

76. SINHA repeats and realleges the contents of paragraphs 1-75 as if fully set forth herein.

77. SINHA relied to its detriment on the representation that no pre-certification, no authorization or pre-determination was required for surgery to both knees and was denied payment for one of the surgeries and paid less than the usual and customary fees for the second surgery.

78. EMPIRE knew or should have known that SINHA would not pursue JAMES BAEZ for payment based upon the representation that EMPIRE would pay for both surgeries and would pay at the usual and customary amount for medical services rendered directly to SINHA.

79. EMPIRE is estopped and precluded from denying an agreement to pay the for medical services rendered, and for paying at the usual and customary amount.

80. As a result of the foregoing, SINHA has been damaged in the sum of SEVENTY-SEVEN THOUSAND NINE HUNDRED THIRTY-NINE AND 70/100 (\$77,939.70) DOLLARS.

AS AND FOR A FOURTH CAUSE OF ACTION

81. SINHA repeats and reiterated paragraphs 1-80 as if fully set forth herein.
82. SINHA provided medical treatment at little to no cost to JAMES BAEZ, upon the reliance that EMPIRE would pay usual and customary fees for medical services rendered.
83. EMPIRE has benefitted by not paying the medical benefits for July 30, 2019 to the full extent of its obligation, and no paying the medical benefits for August 20, 2019 at all, retaining the difference as profit.
84. As a result of the foregoing plaintiff has been damaged in the sum of SEVENTY-SEVEN THOUSAND NINE HUNDRED THIRTY-NINE AND 70/100 (\$77,939.70) DOLLARS.


AS AND FOR A FIFTH CAUSE OF ACTION

85. Plaintiff repeats and reiterated paragraphs 1-84 as if fully set forth herein.
86. SINHA's submissions of its bills to EMPIRE were timely for being within one month of the corresponding date of service.
87. EMPIRE was obligated under New York Insurance Law §3224-a to respond to SINHA's claim within 30 days.
88. EMPIRE did not respond to SINHA'S claims within 30 days. SINHA had to resubmit its claims.
89. EMPIRE owed its insured, JAMES BAEZ, a fiduciary duty of care under the policy of insurance.
90. Defendant breached said fiduciary duty of care depriving JAMES BAEZ full medical benefits under the policy of insurance.
91. As a result of the foregoing plaintiff has been damaged in the sum of SEVENTY-SEVEN THOUSAND NINE HUNDRED THIRTY-NINE AND 70/100 (\$77,939.70) DOLLARS.

92. Plaintiff is entitled to interest at the rate of ONE PERCENT (1%) per month pursuant to New York Insurance Law §3224-a.

WHEREFORE, plaintiff demands judgment against defendant for each cause of action in the sum of SEVENTY-SEVEN THOUSAND NINE HUNDRED THIRTY-NINE AND 70/100 (\$77,939.70) DOLLARS, together with interest, costs and disbursements of this action.

Dated: Malverne, New York
April 2, 2021



JONATHAN B. SEPOWE, ESQ.

EXHIBIT

A

Empire Blue Cross
of New York

Member Name

JAMES BAEZ

Member ID

YLD85207653

Group: 075375
LOCAL 580 INSURANCE FUND
Relationship Code: 00
Health Plan: PPO
9.5 Plan 803 BC Plan 303

Rx Co-pay: \$10/\$20
RXBIN/FXPCN: 020099/CS
RX GRP: WLOA

MHSA Co-pay: \$5
Office Visit Co-pay: \$30
ER Co-pay: \$75
In-Network Copayment: 10%

PRO R



A Member Service Department

Please refer to your benefit literature for information or you may call Member and Provider Services.

For MRI, CT, and PET Scans call One Call

Providers submit all claims to your local Blue Cross and/or Blue Shield Plan, or if Medicare is primary submit Medicare claims to Medicare. In California, send claims to:

Claims

P.O. Box 60007
Los Angeles, CA 90060-0007

Members submit all claims to the address listed on the claim form.

Issued: 03/22/2019

www.empireblue.com

Member & Provider Services 1-800-553-9877
Pharmacy Member Services
Help for Pharmacists
One Call

*Not a BlueCross and BlueShield Product

Services provided by Empire HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

EXHIBIT

B

COMPENSATION AND NO FAULT HISTORY FORM

Date of Visit: 07/09/19

DOA: 07/23/19

P.T. 8 weeks

Patient Name: JAMES BAEZ

(M) F

D.O.B: 5/20/1969

Age: 50

Height: 5'8

Weight: 199 LBS

Smoker:

LESS THAN A PACK/day

Non-Smoker:

Occupation: IRON

WORKERS

Type of Injury:

☒ Auto Accident☐ Work-Accident

Other:

☐ Belted Driver

motorcycle accident.

☐ Passenger☐ PedestrianHospital: Yes / ☒ No

Hospital name:

Chief Complaint:

Pain Both knees.

PCN
Allergy

Past Medical History: Diabetes, HBP, Asthma, Cardiac disease Aneurysm, stroke, CAUSELATION 08/16

Past Surgical History: 7 brain surgeries - craniotomy, skull

Current Medications: NO

NO BLOOD NOW
ThinnerAllergies to Medications: ☒ Yes / ☐ No PENCILS

Body parts Injured:

C spine

☒ L spine☒ L Sh

R Shr

☒ R knee☒ L knee

ankle

wrist

PE:

☒ 1 knee☒ 1 knee

Dx:

Sx: R Sh

L Sh

☒ R Knee☒ L knee

Date scheduled:

8/6/19.

7-30-19.

MC required: Yes / ☒ No



P

EMPIRE BLUE CROSS BLUE SHIELD
P.O BOX 1407
CHURCH STREET STATION
NEW YORK, NY 10008

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK (LUNG) <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (ID#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) YLD85207653									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) BAEZ, JAMES										3. PATIENT'S BIRTH DATE MM DD YY SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>									
5. PATIENT'S ADDRESS (No., Street) 1364 CROSBY AVE										6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>									
7. INSURED'S ADDRESS (No., Street) 1364 CROSBY AVE										7. INSURED'S ADDRESS (No., Street)									
CITY BRONX					STATE NY					CITY BRONX					STATE NY				
ZIP CODE 10461					TELEPHONE (Include Area Code) ()					ZIP CODE 10461					TELEPHONE (Include Area Code) ()				
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) SAME										10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
a. OTHER INSURED'S POLICY OR GROUP NUMBER YLD85207653										a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>									
b. RESERVED FOR NUCC USE										b. OTHER CLAIM ID (Designated by NUCC)									
c. RESERVED FOR NUCC USE										c. INSURANCE PLAN NAME OR PROGRAM NAME EMPIRE BLUE CROSS BLUE SHIELD									
d. INSURANCE PLAN NAME OR PROGRAM NAME EMPIRE BCBS										10d. CLAIM CODES (Designated by NUCC)									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 07302019										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL										15. OTHER DATE MM DD YY QUAL									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. S83242A B. M65862 C. M948X6 D. 0 E. F. G. H. I. J. K. L.										22. RESUBMISSION CODE ORIGINAL REF. NO.									
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) OPT/HCP/CS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPDPT Partially Flat I. ID. QUAL J. RENDERING PROVIDER ID #																			
1 07 30 19 07 30 19 24 29881 LT A 13250 00 1 N ZZ 174400000X										1932233715									
2 07 30 19 07 30 19 24 29876 51 LT B 17000 00 1 N NPI 174400000X										1932233715									
3 07 30 19 07 30 19 24 29999 LT C 9842 00 1 N NPI 174400000X										1932233715									
4										NPI									
5										NPI									
6										NPI									
25. FEDERAL TAX I.D. NUMBER 274947522 SSN EIN <input checked="" type="checkbox"/> X										26. PATIENT'S ACCOUNT NO. ASM19031									
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO										28. TOTAL CHARGE \$ 40092 00									
29. AMOUNT PAID \$ 0 00										30. Rsvd. for NUCC Use									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) ANJANI SINHA MD 03112020										32. SERVICE FACILITY LOCATION INFORMATION NORTH QUEENS SURGICAL CENTER 4564 FRANCIS LEWIS BLVD BAYSIDE NY 11361-3085									
33. BILLING PROVIDER INFO & PH # (732) 2487700 ANJANI SINHA MEDICAL PC 229-19 MERRICK BLVD SUITE 430 LAURELTON NY 11413-2108																			
SIGNED DATE										a. NPI b. ZZ									

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION



P

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

EMPIRE BLUE CROSS BLUE SHIELD
P.O BOX 1407
CHURCH STREET STATION
NEW YORK, NY 10008

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (ID#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) YLD85207653									
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5. PATIENT'S ADDRESS (No., Street) 1364 CROSBY AVE										6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>									
7. INSURED'S ADDRESS (No., Street) 1364 CROSBY AVE										8. RESERVED FOR NUCC USE									
CITY BRONX										CITY BRONX									
STATE NY										STATE NY									
ZIP CODE 10461										ZIP CODE 10461									
TELEPHONE (Include Area Code) ()										TELEPHONE (Include Area Code) ()									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) SAME										10. IS PATIENT'S CONDITION RELATED TO:									
a. OTHER INSURED'S POLICY OR GROUP NUMBER YLD85207653										a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
b. RESERVED FOR NUCC USE										b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)									
c. RESERVED FOR NUCC USE										c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
d. INSURANCE PLAN NAME OR PROGRAM NAME EMPIRE BCBS										10d. CLAIM CODES (Designated by NUCC)									
11. INSURED'S POLICY GROUP OR FECA NUMBER										a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 07302019										b. OTHER CLAIM ID (Designated by NUCC)									
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE										c. INSURANCE PLAN NAME OR PROGRAM NAME EMPIRE BLUE CROSS BLUE SHIELD									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL										15. OTHER DATE MM DD YY QUAL									
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY										17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										18. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. RESUBMISSION CODE ORIGINAL REF. NO.									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 A S83242A B M65862 C M6752 D M948X6 E F G H I J K L										22. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS D. MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID #										25. FEDERAL TAX I.D. NUMBER SSN EIN <input checked="" type="checkbox"/> 26. PATIENT'S ACCOUNT NO. ASM19031 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 28. TOTAL CHARGE \$ 4289 84 29. AMOUNT PAID \$ 0 00 30. Rsvd. for NUCC Use									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) ROBERT YUEN PA 06042020										32. SERVICE FACILITY LOCATION INFORMATION NORTH QUEENS SURGICAL CENTER 4564 FRANCIS LEWIS BLVD BAYSIDE NY 11361-3085									
33. BILLING PROVIDER INFO & PH # (732) 2487700 ANJANI SINHA MEDICAL PC 229-19 MERRICK BLVD SUITE 430 LAURELTON NY 11413-2108										a. NPI b. ZZ									



P

EMPIRE BLUE CROSS BLUE SHIELD
P.O BOX 1407
CHURCH STREET STATION
NEW YORK, NY 10008

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA		PICA <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (ID#)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) BAEZ, JAMES		3. PATIENT'S BIRTH DATE MM DD YY <input checked="" type="checkbox"/> M <input type="checkbox"/> F BAEZ, JAMES	
5. PATIENT'S ADDRESS (No., Street) 1364 CROSBY AVE		6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY BRONX STATE NY		CITY BRONX STATE NY	
ZIP CODE 10461 TELEPHONE (Include Area Code) ()		ZIP CODE 10461 TELEPHONE (Include Area Code) ()	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) SAME		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) <input type="checkbox"/> c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
a. OTHER INSURED'S POLICY OR GROUP NUMBER YLD85207653		11. INSURED'S POLICY GROUP OR FECA NUMBER EMPIRE BLUE CROSS BLUE SHIELD	
b. RESERVED FOR NUCC USE		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.	
c. RESERVED FOR NUCC USE		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
d. INSURANCE PLAN NAME OR PROGRAM NAME EMPIRE BCBS		14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		15. OTHER DATE MM DD YY QUAL	
SIGNED SIGNATURE ON FILE DATE 08202019		SIGNED SIGNATURE ON FILE	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Incl. 0 A. S83241A B. S83281A C. M94261 D. M65861 E. F. G. H. I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO.	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID #		23. PRIOR AUTHORIZATION NUMBER	
1 08 20 19 08 20 19 24 29880 79 RT ABC 14500 00 1 N ZZ 174400000X 1932233715		2 08 20 19 08 20 19 24 29876 79 51 RT D 17000 00 1 N NPI 1932233715	
3		4	
5		6	
25. FEDERAL TAX I.D. NUMBER 274947522 SSN EIN <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. ASM19031	
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 31500 00 29. AMOUNT PAID \$ 0 00 30. Rsd. for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) ANJANI SINHA MD 03112020		32. SERVICE FACILITY LOCATION INFORMATION NORTH QUEENS SURGICAL CENTER 4564 FRANCIS LEWIS BLVD BAYSIDE NY 11361-3085	
SIGNED DATE		33. BILLING PROVIDER INFO & PH # (732) 2487700 ANJANI SINHA MEDICAL PC 229-19 MERRICK BLVD SUITE 430 LAURELTON NY 11413-2108	



P

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

EMPIRE BLUE CROSS BLUE SHIELD
P.O BOX 1407
CHURCH STREET STATION
NEW YORK, NY 10008

PICA <input type="checkbox"/>										PICA <input type="checkbox"/>									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (ID#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) YLD85207653									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) BAEZ, JAMES										3. PATIENT'S BIRTH DATE <input type="checkbox"/> MM <input type="checkbox"/> DD <input type="checkbox"/> YY SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F									
5. PATIENT'S ADDRESS (No., Street) 1364 CROSBY AVE										6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>									
CITY BRONX										CITY BRONX									
STATE NY										STATE NY									
ZIP CODE 10461										TELEPHONE (Include Area Code) ()									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) SAME										10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) <input type="checkbox"/> c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
3. OTHER INSURED'S POLICY OR GROUP NUMBER YLD85207653										a. INSURED'S DATE OF BIRTH <input type="checkbox"/> MM <input type="checkbox"/> DD <input type="checkbox"/> YY SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F									
b. RESERVED FOR NUCC USE										b. OTHER CLAIM ID (Designated by NUCC)									
c. RESERVED FOR NUCC USE										c. INSURANCE PLAN NAME OR PROGRAM NAME EMPIRE BLUE CROSS BLUE SHIELD									
d. INSURANCE PLAN NAME OR PROGRAM NAME EMPIRE BCBS										10d. CLAIM CODES (Designated by NUCC)									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 08202019										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) <input type="checkbox"/> MM <input type="checkbox"/> DD <input type="checkbox"/> YY QUAL <input type="checkbox"/>										15. OTHER DATE <input type="checkbox"/> MM <input type="checkbox"/> DD <input type="checkbox"/> YY QUAL <input type="checkbox"/>									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM <input type="checkbox"/> MM <input type="checkbox"/> DD <input type="checkbox"/> YY TO <input type="checkbox"/> MM <input type="checkbox"/> DD <input type="checkbox"/> YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. S83241A B. S83281A C. M94261 ICD Ind. 0 D. M65861 E. <input type="checkbox"/> F. <input type="checkbox"/> G. <input type="checkbox"/> H. <input type="checkbox"/> I. <input type="checkbox"/> J. <input type="checkbox"/> K. <input type="checkbox"/> L. <input type="checkbox"/>										22. RESUBMISSION CODE ORIGINAL REF. NO.									
24. A. DATE(S) OF SERVICE From <input type="checkbox"/> MM <input type="checkbox"/> DD <input type="checkbox"/> YY To <input type="checkbox"/> MM <input type="checkbox"/> DD <input type="checkbox"/> YY B. PLACE OF SERVICE <input type="checkbox"/> C. EMG <input type="checkbox"/> D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER										23. PRIOR AUTHORIZATION NUMBER									
1 08 20 19 08 20 19 24 29880 AS RT 79 ABC 1551 50 1 N ZZ 363A00000X 1033502125										2 08 20 19 08 20 19 24 29876 AS RT 51 79 D 1819 00 1 N NPI 1033502125									
3										4									
5										6									
25. FEDERAL TAX I.D. NUMBER 274947522 SSN EIN <input checked="" type="checkbox"/> X										26. PATIENT'S ACCOUNT NO. ASM19031									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) ROBERT YUEN PA 06042020										32. SERVICE FACILITY LOCATION INFORMATION NORTH QUEENS SURGICAL CENTER 4564 FRANCIS LEWIS BLVD BAYSIDE NY 11361-3085 a. 1851717383 b. ZZ									
33. BILLING PROVIDER INFO & PH # (732) 2487700 ANJANI SINHA MEDICAL PC 229-19 MERRICK BLVD SUITE 430 LAURELTON NY 11413-2108										30. Rsvd. for NUCC Use									

EXHIBIT C



P.O. Box 1407
Church Street Station
New York NY 10008-1407

www.empireblue.com

00557



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#BWNCQXF
#NYECS02500000001#
ANJANI SINHA MEDICAL PC
STE 430
22919 HERRICK BLVD
LAURELTON NY 11413

M000016303557M

Please find your Explanation of Benefits (EOB) enclosed and keep it for future reference.

This is an address page only; you **do not** have to keep this page.



Provider Explanation of Benefits



Services provided by Empire HealthChoice, Inc., a licensee of the Blue Cross and Blue Shield Association, an association of Independent Blue Cross and Blue Shield Plans

Empire HealthChoice Assurance, Inc.
165 Broadway, New York, NY 10006

For Inquiry Contacts, Please See Back of This Page

PROVIDER NAME
ANJANI SINHA MEDICAL PC

PROVIDER NUMBER
1932233715

SITE NUMBER
100

STATEMENT DATE
04/18/20

TAX ID
274947522

Summary of Claims

Provider Service Unit codes are listed on the reverse side of this page. Please reference this list to obtain the correct address and phone number for each claim inquiry.

If you suspect illegal activities involving your patients' benefits, please contact us at 1-800-IC-FRAUD. When calling, you do not need to identify yourself.

You or your authorized representative may appeal or grieve our determination by writing to us at the address on page two that corresponds to the PSU code for the claim in question, or by calling our Provider Service Department. You must submit your appeal or grievance within 180 calendar days of this statement's date. If your appeal involves a medical necessity, experimental, or investigational denial, you may have the right to have it reviewed by an External Appeals Agency certified by the NYS Department of Insurance after Empire's final determination.

Total Number of Claims - 1	
Total Charges	\$40,092.00
Total Allowed Amount	\$0.00
Empire Payment	\$0.00

ANJANI SINHA MEDICAL PC
STE 430
22919 MERRICK BLVD
LAURELTON NY 11413

0000016303558



Provider Explanation of Benefits

Page 2 of 4

**Codes and Inquiries Reference****Type of Service Codes**

0	Assistant at Surgery
2	Surgery and related post medical
3	Maternity including pre-natal and post-natal care
4	Anesthesia
5	Radiology (diagnostic, therapeutic, and scans)
6	Medical care
8	Pathology (lab and machine tests)
9	Consultation
F	Ambulance
P	Professional (reading or interpretation) component radiology and pathology
R	Hospital room and board (major medical only)
T	Technical (equipment and technician) component radiology and pathology
X	Prescription drugs
Z	Other (any type of service not listed above)

Place of Service Codes

IPC	Inpatient hospital
HOM	Patient's home
OFC	Doctor's office
OPH	Outpatient hospital
OTH	Other location

For inquiries, contact the specific Provider Service Unit (PSU) below, using the PSU code indicated in the Detail of Claims.

PSU Code	Inquiry Address	Telephone
04	P.O. Box 1407 Church Street Station New York, NY 10008-1407	(800) 553-9603

Provider Explanation of Benefits

Page 3 of 4

PROVIDER NAME
 ANJANI SINHA MEDICAL PC

PROVIDER NUMBER
 1932233715

STATEMENT DATE
 04/18/20



SITE NUMBER
 100

Detail of Claims

PATIENT NAME JAMES BAEZ	PATIENT ACCOUNT NUMBER ASM19031	MEMBER ID YLD 85207653	CONTRACT TYPE UM9001175 P0	CLAIM NUMBER 00760213750 PSU CODE 04
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Submitted ID Number
 No Change

Service Information	Procedure Code: 29999 LT	Date(s): 07/30/19 - 07/30/19	Charges	Charges Not Allowed	Allowed Amount
	Service Type/Place: 2 /OPH	No. of Units: 1	\$9,842.00	\$9,842.00	\$0.00
Submitted Procedure Code: 29881 LT			Submitted Date(s): No Change		
			Submitted Charge: \$13,250.00		

Payment Calculation	Allowed Amount	\$0.00
----------------------------	----------------	--------

MESSAGE(S) SENT TO YOUR PATIENT:

Plan Payment for this Service: \$0.00

- Your claim has been paid at the in-network benefit level. The provider of service on your claim is not participating with your plan, therefore, you may be balanced billed for the difference between the provider's charge and the reasonable and customary allowances.
- Please review your Medical Management authorization letter for information related to the services you received on the dates indicated above. Portions of the services provided may have been denied for the following reasons: (1) failure to notify Medical Management within the appropriate timeframe; (2) inappropriateness of the medical care provided, as determined by our Medical Director's review of the case. Please refer to the section of your contract which describes this benefit for a description of various limits on your coverage.

Service Information	Procedure Code: 29876 LT	Date(s): 07/30/19 - 07/30/19	\$17,000.00	\$17,000.00	\$0.00
	Service Type/Place: 2 /OPH	No. of Units: 1			
Submitted Procedure Code: 29876 51 LT			Submitted Date(s): No Change		
			Submitted Charge: No Change		

Payment Calculation	Allowed Amount	\$0.00
----------------------------	----------------	--------

MESSAGE(S) SENT TO YOUR PATIENT:

Plan Payment for this Service: \$0.00

- Your claim has been paid at the in-network benefit level. The provider of service on your claim is not participating with your plan, therefore, you may be balanced billed for the difference between the provider's charge and the reasonable and customary allowances.
- In accordance with the Health Plan's reimbursement policies the procedure is not eligible for separate reimbursement when billed with the procedure and diagnosis indicated.

Service Information	Procedure Code: 29881 LT	Date(s): 07/30/19 - 07/30/19	\$13,250.00	\$13,250.00	\$0.00
	Service Type/Place: 2 /OPH	No. of Units: 1			
Submitted Procedure Code: No Change			Submitted Date(s): No Change		
			Submitted Charge: No Change		

0000016303559



Provider Explanation of Benefits

Page 4 of 4

PROVIDER NAME
ANJANI SINHA MEDICAL PCPROVIDER NUMBER
1932233715STATEMENT DATE
04/18/20SITE NUMBER
100**JAMES BAEZ - CLAIM NUMBER 00760213750 CONTINUED**

Payment Calculation	Allowed Amount	\$0.00
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MESSAGE(S) SENT TO YOUR PATIENT:

- Your claim has been paid at the in-network benefit level. The provider of service on your claim is not participating with your plan, therefore, you may be balanced billed for the difference between the provider's charge and the reasonable and customary allowances.
- The service(s) on this claim have been reviewed and determined to be investigational and/or not medically necessary. A separate letter containing the details of the determination has been sent to you.

Plan Payment for this Service:	\$0.00
---------------------------------------	---------------

Total Patient Responsibility:	\$23,791.07
Total Payment for this Claim:	\$0.00

Empire HealthChoice Assurance, Inc. provides administrative claims payment services only, with no financial risk or obligation with respect to claims.

IMPORTANT NOTE: You are not permitted to use or disclose Protected Health Information about individuals that you are not currently treating. This applies to Protected Health Information accessible in any online tool, or sent in any other medium including mail, email, fax, or other electronic transmission.

Provider Explanation of Benefits

Page 1 of 3



Services provided by Empire HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans

Empire HealthChoice Assurance, Inc.
165 Broadway, New York, NY 10006

For Inquiry Contacts, Please See Back of This Page

PROVIDER NAME
ANJANI SINHA MEDICAL PC

PROVIDER NUMBER
1932233715

STATEMENT DATE
06/19/20

TAX ID
274947522

SITE NUMBER
100

Summary of Claims

Provider Service Unit codes are listed on the reverse side of this page. Please reference this list to obtain the correct address and phone number for each claim inquiry.

If you suspect illegal activities involving your patients' benefits, please contact us at 1-800-IC-FRAUD. When calling, you do not need to identify yourself.

You or your authorized representative may appeal or grieve our determination by writing to us at the address on page two that corresponds to the PSU code for the claim in question, or by calling our Provider Service Department. You must submit your appeal or grievance within 180 calendar days of this statement's date. If your appeal involves a medical necessity, experimental, or investigational denial, you may have the right to have it reviewed by an External Appeals Agency certified by the NYS Department of Insurance after Empire's final determination.

Total Number of Claims - 1

Total Charges	\$31,500.00
Total Allowed Amount	\$0.00
Empire Payment Sent to Member(s)	\$0.00

ANJANI SINHA MEDICAL PC
STE 430
22919 MERRICK BLVD
LAURELTON NY 11413

0000008703304



Provider Explanation of Benefits

Page 2 of 3



Codes and Inquiries Reference

Type of Service Codes

0	Assistant at Surgery
2	Surgery and related post medical
3	Maternity including pre-natal and post-natal care
4	Anesthesia
5	Radiology (diagnostic, therapeutic, and scans)
6	Medical care
8	Pathology (lab and machine tests)
9	Consultation
F	Ambulance
P	Professional (reading or interpretation) component radiology and pathology
R	Hospital room and board (major medical only)
T	Technical (equipment and technician) component radiology and pathology
X	Prescription drugs
Z	Other (any type of service not listed above)

Place of Service Codes

IPC	Inpatient hospital
HOM	Patient's home
OFC	Doctor's office
OPH	Outpatient hospital
OTH	Other location

For inquiries, contact the specific Provider Service Unit (PSU) below, using the PSU code indicated in the Detail of Claims.

PSU Code	Inquiry Address	Telephone
04	P.O. Box 1407 Church Street Station New York, NY 10008-1407	(800) 553-9603

Provider Explanation of Benefits

Page 3 of 3

PROVIDER NAME
ANJANI SINHA MEDICAL PCPROVIDER NUMBER
1932233715STATEMENT DATE
06/19/20SITE NUMBER
100**Detail of Claims**PATIENT NAME
JAMES BAEZPATIENT ACCOUNT NUMBER
ASM19031MEMBER ID
YLD 85207653

CONTRACT TYPE

CLAIM NUMBER

00760213760

PSU CODE 04

AUTH/REFERRAL

UM9001264 PO

Submitted ID Number
No Change

			Charges	Charges Not Allowed	Allowed Amount
Service Information	Procedure Code: 29876 RT Service Type/Place: 2/OPH	Date(s): 08/20/19 - 08/20/19 No. of Units: 1	\$17,000.00	\$17,000.00	\$0.00
Submitted Procedure Code: 29880 79 RT			Submitted Date(s): No Change		
			Submitted Charge: \$14,500.00		

Payment Calculation	Allowed Amount	\$0.00
----------------------------	----------------	--------

MESSAGE(S) SENT TO YOUR PATIENT:

Plan Payment for this Service: \$0.00

- Your claim has been paid at the in-network benefit level. The provider of service on your claim is not participating with your plan, therefore, you may be balanced billed for the difference between the provider's charge and the reasonable and customary allowances.
- In accordance with the Health Plan's reimbursement policies the procedure is not eligible for separate reimbursement when billed with the procedure and diagnosis indicated.

Service Information	Procedure Code: 29880 RT Service Type/Place: 2/OPH	Date(s): 08/20/19 - 08/20/19 No. of Units: 1	\$14,500.00	\$14,500.00	\$0.00
Submitted Procedure Code: 29880 79 RT			Submitted Date(s): No Change		
			Submitted Charge: No Change		

Payment Calculation	Allowed Amount	\$0.00
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MESSAGE(S) SENT TO YOUR PATIENT:

Plan Payment for this Service: \$0.00

- Your claim has been paid at the in-network benefit level. The provider of service on your claim is not participating with your plan, therefore, you may be balanced billed for the difference between the provider's charge and the reasonable and customary allowances.
- Please review your Medical Management authorization letter for information related to the services you received on the dates indicated above. Portions of the services provided may have been denied for the following reasons: (1) failure to notify Medical Management within the appropriate timeframe; (2) inappropriateness of the medical care provided, as determined by our Medical Director's review of the case. Please refer to the section of your contract which describes this benefit for a description of various limits on your coverage.
- This claim was adjusted based on additional information received from the provider.

Total Patient Responsibility:	\$15,425.95
Total Payment for this Claim:	\$0.00

Empire HealthChoice Assurance, Inc. provides administrative claims payment services only, with no financial risk or obligation with respect to claims.

IMPORTANT NOTE: You are not permitted to use or disclose Protected Health Information about individuals that you are not currently treating. This applies to Protected Health Information accessible in any online tool, or sent in any other medium including mail, email, fax, or other electronic transmission.

000008703305



Provider Explanation of Benefits

Page 1 of 3



Services provided by Empire HealthChoice, Inc., a licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans

Empire HealthChoice Assurance, Inc.
165 Broadway, New York, NY 10006

For Inquiry Contacts, Please See Back of This Page

PROVIDER NAME
ROBERT YUEN PA

PROVIDER NUMBER
1033502125

SITE NUMBER
100

STATEMENT DATE
06/20/20

TAX ID
274947522

Summary of Claims

Provider Service Unit codes are listed on the reverse side of this page. Please reference this list to obtain the correct address and phone number for each claim inquiry.

If you suspect illegal activities involving your patients' benefits, please contact us at 1-800-IC-FRAUD. When calling, you do not need to identify yourself.

You or your authorized representative may appeal or grieve our determination by writing to us at the address on page two that corresponds to the PSU code for the claim in question, or by calling our Provider Service Department. You must submit your appeal or grievance within 180 calendar days of this statement's date. If your appeal involves a medical necessity, experimental, or investigational denial, you may have the right to have it reviewed by an External Appeals Agency certified by the NYS Department of Insurance after Empire's final determination.

Total Number of Claims - 1

Total Charges	\$3,370.50
Total Allowed Amount	\$0.00
Empire Payment	\$0.00

ROBERT YUEN PA
STE 430
22919 MERRICK BLVD
LAURELTON NY 11413

0000012903423



Provider Explanation of Benefits

Page 2 of 3

**Codes and Inquiries Reference****Type of Service Codes**

0	Assistant at Surgery
2	Surgery and related post medical
3	Maternity including pre-natal and post-natal care
4	Anesthesia
5	Radiology (diagnostic, therapeutic, and scans)
6	Medical care
8	Pathology (lab and machine tests)
9	Consultation
F	Ambulance
P	Professional (reading or interpretation) component radiology and pathology
R	Hospital room and board (major medical only)
T	Technical (equipment and technician) component radiology and pathology
X	Prescription drugs
Z	Other (any type of service not listed above)

Place of Service Codes

IPC	Inpatient hospital
HOM	Patient's home
OFC	Doctor's office
OPH	Outpatient hospital
OTH	Other location

For inquiries, contact the specific Provider Service Unit (PSU) below, using the PSU code indicated in the Detail of Claims.

PSU Code	Inquiry Address	Telephone
04	P.O. Box 1407 Church Street Station New York, NY 10008-1407	(800) 553-9603


Provider Explanation of Benefits Page 3 of 3

PROVIDER NAME
ROBERT YUEN PA

PROVIDER NUMBER
1033502125

SITE NUMBER
100

STATEMENT DATE
06/20/20



Detail of Claims

PATIENT NAME
JAMES BAEZ

PATIENT ACCOUNT NUMBER
ASM19031

MEMBER ID
YLD 85207653

CONTRACT TYPE

CLAIM NUMBER
01650227750
PSU CODE 04

Submitted ID Number
No Change

			Charges	Charges Not Allowed	Allowed Amount
Service	Procedure Code: 29876 RT	Date(s): 08/20/19 - 08/20/19	\$1,819.00	\$1,819.00	\$0.00
Information	Service Type/Place: 0/OPH	No. of Units: 1			
Submitted Procedure Code: 29880 AS RT 79			Submitted Date(s): No Change Submitted Charge: \$1,551.50		

Payment Calculation Allowed Amount \$0.00

MESSAGE(S) SENT TO YOUR PATIENT:

- We do not have sufficient information to determine the clinical appropriateness of the assistant surgeon services reported on this claim and are therefore denying the services. You must submit supporting information describing the need for these services for us to reconsider your claim.

Plan Payment for this Service: \$0.00

Service	Procedure Code: 29880 RT	Date(s): 08/20/19 - 08/20/19	\$1,551.50	\$1,551.50	\$0.00
Information	Service Type/Place: 0/OPH	No. of Units: 1			
Submitted Procedure Code: 29880 AS RT 79			Submitted Date(s): No Change Submitted Charge: No Change		

Payment Calculation Allowed Amount \$0.00

MESSAGE(S) SENT TO YOUR PATIENT:

- We do not have sufficient information to determine the clinical appropriateness of the assistant surgeon services reported on this claim and are therefore denying the services. You must submit supporting information describing the need for these services for us to reconsider your claim.

Plan Payment for this Service: \$0.00

Total Patient Responsibility: \$1,819.00

Total Payment for this Claim: \$0.00

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0000012903624



Provider Explanation of Benefits

Page 1 of 4



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Empire HealthChoice Assurance, Inc.
165 Broadway, New York, NY 10006

For Inquiry Contacts, Please See Back of This Page

PROVIDER NAME
ANJANI SINHA MEDICAL PC

PROVIDER NUMBER
1932233715

SITE NUMBER
100

STATEMENT DATE
08/01/20

TAX ID
274947522

CHECK NUMBER
0000612991344

Summary of Claims

Provider Service Unit codes are listed on the reverse side of this page. Please reference this list to obtain the correct address and phone number for each claim inquiry.

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Total Number of Claims - 1

Total Charges	\$40,092.00
Total Allowed Amount	\$575.48
Total Coinsurance	57.55
Empire Payment	\$517.93
Total Amount Paid by Check # 0000612991344	\$517.93

DETACH AT PERFORATION



165 Broadway
New York, NY 10006

PROVIDER NUMBER: 1932233715

PAY
TO THE
ORDER OF

ANJANI SINHA MEDICAL PC
STE 430
22919 MERRICK BLVD
LAURELTON NY 11413

JP Morgan Chase Bank, N.A.
Syracuse, New York

CHECK NUMBER
0000005
0000612991344

50-937
213

DATE
08/01/20

AMOUNT
\$517.93

Tracy A. Duran
VOID
AUTHORIZED SIGNATURE

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Provider Explanation of Benefits

Page 2 of 4



Codes and Inquiries Reference

Type of Service Codes

0	Assistant at Surgery
2	Surgery and related post medical
3	Maternity including pre-natal and post-natal care
4	Anesthesia
5	Radiology (diagnostic, therapeutic, and scans)
6	Medical care
8	Pathology (lab and machine tests)
9	Consultation
F	Ambulance
P	Professional (reading or interpretation) component radiology and pathology
R	Hospital room and board (major medical only)
T	Technical (equipment and technician) component radiology and pathology
X	Prescription drugs
Z	Other (any type of service not listed above)

Place of Service Codes

IPC	Inpatient hospital
HOM	Patient's home
OFC	Doctor's office
OPH	Outpatient hospital
OTH	Other location

For inquiries, contact the specific Provider Service Unit (PSU) below, using the PSU code indicated in the Detail of Claims.

PSU Code	Inquiry Address	Telephone
04	P.O. Box 1407 Church Street Station New York, NY 10008-1407	(800) 553-9603

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- Artificial Watermark

Provider Explanation of Benefits

Page 3 of 4

PROVIDER NAME
ANJANI SINHA MEDICAL PCPROVIDER NUMBER
1932233715STATEMENT DATE
08/01/20TAX ID
274947522SITE NUMBER
100CHECK NUMBER
0000612991344**Detail of Claims**PATIENT NAME
JAMES BAEZPATIENT ACCOUNT NUMBER
ASM19031MEMBER ID
YLD 85207653

CONTRACT TYPE

CLAIM NUMBER

00760213750

AUTH/REFERRAL

PSU CODE 04

UM9001175 P0Submitted ID Number
No Change

			Charges	Charges Not Allowed	Allowed Amount
Service Information	Procedure Code: 29999 LT Service Type/Place: 2/OPH	Date(s): 07/30/19 - 07/30/19 No. of Units: 1	\$9,842.00	\$9,842.00	\$0.00
Submitted Procedure Code: 29881 LT			Submitted Date(s): No Change		
			Submitted Charge: \$13,250.00		

Payment Calculation	Allowed Amount	\$0.00
----------------------------	----------------	--------

MESSAGE(S) SENT TO YOUR PATIENT:Plan Payment for this Service: **\$0.00**

- We are unable to process this claim using the unlisted, cancelled or invalid health service code. Please resubmit a new claim with a more appropriate code or detailed description of the service, including applicable operative notes for reconsideration.

Service Information	Procedure Code: 29876 LT Service Type/Place: 2/OPH	Date(s): 07/30/19 - 07/30/19 No. of Units: 1	\$17,000.00	\$17,000.00	\$0.00
Submitted Procedure Code: 29876 51 LT			Submitted Date(s): No Change		
			Submitted Charge: No Change		

Payment Calculation	Allowed Amount	\$0.00
----------------------------	----------------	--------

MESSAGE(S) SENT TO YOUR PATIENT:Plan Payment for this Service: **\$0.00**

- Your claim has been paid at the in-network benefit level. The provider of service on your claim is not participating with your plan, therefore, you may be balanced billed for the difference between the provider's charge and the reasonable and customary allowances.
- In accordance with the Health Plan's reimbursement policies the procedure is not eligible for separate reimbursement when billed with the procedure and diagnosis indicated.

Service Information	Procedure Code: 29881 LT Service Type/Place: 2/OPH	Date(s): 07/30/19 - 07/30/19 No. of Units: 1	\$13,250.00	\$12,674.52	\$575.48
Submitted Procedure Code: No Change			Submitted Date(s): No Change		
			Submitted Charge: No Change		

Payment Calculation	Allowed Amount	\$575.48
	Coinsurance	\$7.55

MESSAGE(S) SENT TO YOUR PATIENT:Plan Payment for this Service: **\$517.93**

- Since this patient did not have the opportunity to select an in-network provider for these services, we are paying them at the in-network benefit level. You may bill the patient for any in-network co-pay, deductible and coinsurance amounts. We ask that you accept this payment and the in-network co-pay, deductible, coinsurance amounts as payment in full. If you have any questions regarding this, please contact us.

Total Patient Responsibility: \$23,273.14**Total Payment for this Claim: \$517.93****NON-NEGOTIABLE**

Empire HealthChoice Assurance, Inc. provides administrative claims payment services only, with no financial risk or obligation.

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Provider Explanation of Benefits

Page 4 of 4

PROVIDER NAME

ANJANI SINHA MEDICAL PC

PROVIDER NUMBER

1932233715

STATEMENT DATE

08/01/20

TAX ID

274947522



SITE NUMBER

100

CHECK NUMBER

0000612991344

NOTES CONTINUED

with respect to claims.

IMPORTANT NOTE: You are not permitted to use or disclose Protected Health Information about individuals that you are not currently treating. This applies to Protected Health Information accessible in any online tool, or sent in any other medium including mail, email, fax, or other electronic transmission.

Provider Explanation of Benefits

Page 1 of 4



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Empire HealthChoice Assurance, Inc.
165 Broadway, New York, NY 10006

PROVIDER NAME
ROBERT YUEN PA

PROVIDER NUMBER
1033502125

SITE NUMBER
100

STATEMENT DATE
08/15/20

TAX ID
274947522

CHECK NUMBER
0000613008636

For Inquiry Contacts, Please See Back of This Page

Summary of Claims

Provider Service Unit codes are listed on the reverse side of this page. Please reference this list to obtain the correct address and phone number for each claim inquiry.

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You or your authorized representative may appeal or grieve our determination by writing to us at the address on page two that corresponds to the PSU code for the claim in question, or by calling our Provider Service Department. You must submit your appeal or grievance within 180 calendar days of this statement's date. If your appeal involves a medical necessity, experimental, or investigational denial, you may have the right to have it reviewed by an External Appeals Agency certified by the NYS Department of Insurance after Empire's final determination.

Total Number of Claims - 2

Total Charges	\$7,660.34
Total Allowed Amount	\$737.16
Empire Payment	\$737.16
Total Amount Paid by Check # 0000613008636	\$737.16

DETACH AT PERFORATION



165 Broadway
New York, NY 10006

PROVIDER NUMBER: 1033502125

C000002

CHECK NUMBER
0000613008636

50-937
213

PAY
TO THE
ORDER OF

ROBERT YUEN PA
STE 430
22919 MERRICK BLVD
LAURELTON NY 11413

DATE
08/15/20

AMOUNT
\$737.16

JP Morgan Chase Bank, N.A.
Syracuse, New York

Tony L. Davane

AUTHORIZED SIGNATURE

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ON THE BACK HOLD AT AN ANGLE TO VIEW WHEN
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00613008636 021309379 6012045459

Provider Explanation of Benefits

Page 2 of 4

**Codes and Inquiries Reference****Type of Service Codes**

0	Assistant at Surgery
2	Surgery and related post medical
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4	Anesthesia
5	Radiology (diagnostic, therapeutic, and scans)
6	Medical care
8	Pathology (lab and machine tests)
9	Consultation
F	Ambulance
P	Professional (reading or interpretation) component radiology and pathology
R	Hospital room and board (major medical only)
T	Technical (equipment and technician) component radiology and pathology
X	Prescription drugs
Z	Other (any type of service not listed above)

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04	P.O. Box 1407 Church Street Station New York, NY 10008-1407	(800) 553-9603

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Security Features:	Results of check alteration
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*Coin Reactive Artificial Watermark	*The words "Security Document" appear on back which viewed at 45 degree angle or rubbed with a coin

Page 3 of 4

Empire  
BLUECROSS BLUESHIELD

CHECK NUMBER
0000613008636

Submitted ID Number
No Change

NON-NEGOTIABLE

Provider Explanation of Benefits

Page 4 of 4

PROVIDER NAME
ROBERT YUEN PA

PROVIDER NUMBER
1033502125

STATEMENT DATE
08/15/20

TAX ID
274947522



SITE NUMBER
100

CHECK NUMBER
0000613008636

PATIENT NAME
JAMES BAEZ

PATIENT ACCOUNT NUMBER
ASM19031

MEMBER ID
YLD 85207653

CONTRACT TYPE

CLAIM NUMBER
01650227750
PSU CODE 04

Submitted ID Number
No Change

			Charges	Charges Not Allowed	Allowed Amount
Service Information	Procedure Code: 29876 AS Service Type/Place: 0 /OPH	Date(s): 08/20/19 - 08/20/19 No. of Units: 1	\$1,819.00	\$1,819.00	\$0.00
Submitted Procedure Code: 29880 AS RT 79		Submitted Date(s): No Change	Submitted Charge: \$1,551.50		

Payment Calculation Allowed Amount \$0.00

MESSAGE(S) SENT TO YOUR PATIENT: **Plan Payment for this Service: \$0.00**

- We do not have sufficient information to determine the clinical appropriateness of the assistant surgeon services reported on this claim and are therefore denying the services. You must submit supporting information describing the need for these services for us to reconsider your claim.

Service Information	Procedure Code: 29880 AS Service Type/Place: 0 /OPH	Date(s): 08/20/19 - 08/20/19 No. of Units: 1	\$1,551.50	\$1,551.50	\$0.00
Submitted Procedure Code: No Change		Submitted Date(s): No Change	Submitted Charge: No Change		

Payment Calculation Allowed Amount \$0.00

MESSAGE(S) SENT TO YOUR PATIENT: **Plan Payment for this Service: \$0.00**

- We do not have sufficient information to determine the clinical appropriateness of the assistant surgeon services reported on this claim and are therefore denying the services. You must submit supporting information describing the need for these services for us to reconsider your claim.

Total Patient Responsibility: \$1,819.00
Total Payment for this Claim: \$0.00

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282745257

Empire BlueCross BlueShield
Grievances and Appeals
P.O. Box 1407, Church Street Station
New York, NY 10008-1407



November 19, 2020

ANJANI SINHA
2510 WESTCHESTER AVE
BRONX, NY 10461

More Details

Member ID

85207653

Case Number

APP-COMM-540340

Date Request Received

October 5, 2020

Confidential Health Plan Information for:
JAMES BAEZ

Important information about your appeal.

Reviewed for your plan by Anthem UM Services, Inc.

Dear ANJANI SINHA,

We've reviewed your appeal. We've gone over everything and have decided to keep our previous coverage decision. Here's a detailed explanation.

Your appeal

You filed an appeal for surgery to fix the tear in the cushion (meniscus) of your patient's knee (procedure code 29880), performed by you on August 20, 2019 previously denied for medical necessity. We understand an appeal was requested because you feel this service was medically necessary.

Our decision

The services remain denied because they are considered not medically necessary.

We have re-reviewed the specific circumstances and health condition as documented in the appeal and clinical information you provided to us. The reviewer is a health plan Medical Director, an MD who is board certified and specializes in Orthopedic Surgery. It's his/her recommendation that we keep our previous coverage decision. Here's why:

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Provider Clinical Uphold/Partial - Medical - EBCBS

We cannot approve this request. You told us that your patient has a tear in the cushion of their knee. This is called the meniscus, in each knee there are two (medial and lateral). You requested surgery to remove the cushion and treat both of them. This surgery should be done when your patient's knee pain is moderate to severe, and their knee locks, catches, or gives out. Your patient's pain has to prevent them from doing two daily activities. This surgery should be done when the pain has not improved after treatment by you. Your patient needed to have received two types of treatment. Treatment could include medicines or exercises that make muscles stronger. This surgery should be done when a physical exam by you shows signs of a tear in both of the meniscus. You have to provide the results from another test of your patient's knee such as an MRI that shows a tear in both of the meniscus. You did not tell us that your patient meets all required criteria. As a result, we cannot say that this surgery is medically necessary for your patient at this time. We used AIM Specialty Health Guideline titled Knee Arthroscopy and Open Procedures to make this decision. You may view this guideline at <http://www.aimspecialtyhealth.com/marketing/guidelines/185/index.html>.

Please note that your provider contract prohibits you from billing the member for any service that has not been approved by us unless, prior to rendering the service, you disclosed to the member that the service would not be covered and the member agreed to be responsible for those charges.

What's next?

This decision means this service isn't covered by your patient's health plan.

This is our final decision. Your appeal rights with us are exhausted. However, the patient may have additional appeal rights available. If you have any questions about this letter, please call customer service at the phone number on the patient's health plan ID card. You can ask for free copies of all documents, including the actual benefit provision, guideline, protocol or other similar criterion this decision was based on.

Sincerely,

Mayra F
Grievances and Appeals Analyst
Grievances and Appeals

Enclosures:
cc: NORTH QUEENS SURGICAL CENTER

cc: NORTH QUEENS SURGICAL CENTER

EXHIBIT D

Law Office of
JONATHAN B. SELOWE, P.C.
112C Broadway
Malverne, New York 11565
718-229-6100

May 23, 2020

Empire
P.O. Box 1407
Church Street Station
New York, NY 10008-1407

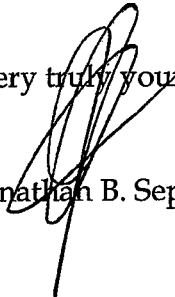
RE Claim Number: 00760213750
 PSU Code 04

Dear Sir/Madam:

Enclosed please find an appeal on behalf of Anjani Sinha Medical, P.C., in connection with the above referenced matter.

Please process accordingly and should you have any questions please do not hesitate to contact my office.

Very truly yours,


Jonathan B. Seplowe, Esq.

ANJANI SINHA MEDICAL P.C.

Orthopedic Surgery

164-10 Northern Blvd, Ste 204 Flushing, NY 11358

Phone: 917-300-5003 Fax: 929-333-7950

May 23, 2020

Request for Appeal

Patient: James Baez
Date of Accident: April 23, 2019
Date of Service: July 30, 2019
Chart Number: ASM19031
Claim Number: 00760213750
PSU Code 04

To Whom it May Concern,

I am a physician duly licensed to practice medicine in the State of New York, Board Certified in the field of orthopedic surgery. I respectfully submit this affirmation to appeal the denial of payment for left knee surgery performed on July 30, 2019.

The patient is a 50 year-old male who sustained bilateral knee injuries following a motorcycle accident on April 23, 2019. The patient was referred to our office on July 9, 2019, complaining of clicking and giving way of both knees despite several weeks of physical therapy. There was no reported prior medical history of the left knee.

Physical examination of the left knee on July 9, 2019, revealed 1+ effusion and both medial and lateral joint line tenderness. Range of motion was full in extension and flexion to 130 degrees (normal 150). There was positive McMurray test. MRI report was positive for tearing of the body and posterior horn medial meniscus. The clinical examination was corroborated by the diagnostic test results which may explain the complaint of mechanical symptoms of clicking and giving way.

Due to the patient's symptoms, findings on clinical examination and positive MRI, arthroscopic surgery was discussed with the patient since the injuries sustained would not heal without arthroscopic intervention.

On July 30, 2019, the patient was taken to the operating room where he underwent left knee arthroscopy for partial medical meniscectomy. A bill was submitted but denied as services being investigational and/or not medically necessary.

Joint line tenderness and McMurray test are highly reliable indications of meniscal injury. *Evaluating the Patient with a Knee Injury*, Ebell, M.D., *American Family Physician* Mar 15, 71(6); 1169-1172, 2005. The MRI of the left knee confirmed the clinical findings of a suspected torn medial meniscus.

Since meniscal tear suspected on clinical examination was corroborated by MRI, and the patient was suffering with pain and mechanical symptoms surgery is the standard of care under such circumstances. *New York Medical Treatment Guidelines, 2014, Table 5*. Partial meniscectomy is indicated for meniscal tear causing mechanical symptoms. *Orthopedic Knowledge Update, 8 ed. Chapter 37, Knee and Leg Soft-Tissue Trauma, Eric McCarty, M.D., American Academy of Orthopedic Surgeons*. Furthermore, a meniscal tear should be repaired expeditiously because the odds of a successful repair decrease as time after injury increases due to cell death, *Pathologic Characteristics of the Torn Human Meniscus, Mena Mesiha, M.D., Department of Orthopedic Surgery, Children's Hospital Boston, Harvard Medical School, 2007*. The patient participated in physical therapy for nearly eight weeks without significant improvement. In any event, the nature of the meniscal tear would not have been altered by additional physical therapy.

Only a surgical approach could have corrected the nature of the structural tear which caused the patient significant pain and functional limitation. The knee arthroscopy was medically necessary in order to improve function, restore range of motion and decrease pain. The standard of care for a tear of a meniscus causing mechanical symptoms is an arthroscopic surgical procedure. The surgical procedure was performed within acceptable standards of orthopedic medical practice in the context of objective clinical and diagnostic findings confirmed by MRI.

CPT code 29876 was reported in accordance with the AAOS Global Service Data which lists the procedures included and not included within a particular CPT code. According to AAOS Global Service Data, CPT Code 29876, is not included in CPT code 29881, nor is it listed as an integral part of that procedure. Likewise, CPT Code 29876, is not included in CPT code 29880, according to the AAOS. Furthermore, the operative report describes an extensive synovectomy performed the medial and patellofemoral compartments of the knee joint to address extensive hypertrophic morbid synovitis. This reporting is corroborated by the American Academy of Orthopaedics Surgeons guidelines, followed by a majority of orthopedic surgeons, which support the reporting of CPT code 29876, if performed in two or more compartments. The AAOS guidelines note that for code 29876, certain conditions commonly support the medical necessity for major arthroscopic synovectomy in two or more compartments not limited to those listed in the guidelines. This should be documented in the records for the procedure which should note when there is extensive synovitis requiring a major synovectomy. The operative report documents extensive synovectomies within the medial and patellofemoral compartments of the knee joint to address the extensive, hypertrophic morbid synovitis encountered. The synovectomies described in the operative report were extensive and not merely for visualization.

Respectfully, I request that the denial be reversed and that the bill be paid as submitted.

Anjani Sinha, M.D., being duly licensed to practice medicine in the State of New York hereby affirms under the penalty of perjury that the statements contained herein are true and accurate to the best of my knowledge.

A handwritten signature in black ink, appearing to read 'Anjani Sinha', written over a horizontal line.

Anjani Sinha, M.D.

ANJANI SINHA MEDICAL P.C.

**Anjani Sinha, MD
Orthopedic Surgery**

94-11 Jamaica Avenue, Woodhaven, NY 11421
Tel: 917-300-5003 Fax: 929-333-7950
anjanisinhamedicalpc@gmail.com

ANJANI SINHA, M.D., M.S. (Ortho)
RAVI SALICKRAM, RPA-C

July 9, 2019

DOA: 04/23/2019

Dr. Michael S. Minick
2510 Westchester Avenue
Bronx, NY 10461

Re: James Baez
DOB: / /

Dear Dr. Minick:

HISTORY:

The patient is a 50-year-old gentleman, who was involved in a motorcycle accident sustaining injuries to both knees. Since then, he has been getting physical therapy for both knees. Despite the physical therapy, he has continued pain, clicking, and giving way of both knees. He has received about 8 weeks of physical therapy, without much improvement. My evaluation is limited to his bilateral knees.

PAST MEDICAL HISTORY:

Significantly positive for aneurysm of the brain for which he had 7 brain surgeries so far such as craniotomy and shunt placements.

PAST SURGICAL HISTORY:

Incidentally, he also had a gallbladder surgery in 2016.

CURRENT MEDICATIONS:

None. He is not taking any blood thinner.

ALLERGIES: PENICILLIN.

PHYSICAL EXAMINATION:

His height is 5 feet 8 inches. He weighs 199 pounds. Examination of the head, neck, chest and abdomen is benign.

RIGHT AND LEFT KNEES: Reveal that he has bilateral knee effusions, 1+. There is medial and lateral joint line tenderness on both knees. McMurray test is positive in both knees. Knees are stable with varus and valgus stress test. Both knees are negative with anterior drawer and Lachman test. Range of motion is from 0 to 130 degrees on both knees.

Re: James Baez

Page 2

MRI report of both the knees is positive on the right for a tear of the body and posterior horn of the medial meniscus. The MRI is positive on the left knee for a tear of the body and posterior horn of the medial meniscus along with joint effusion anterior to the patellar tendon with some swelling.

FINAL DIAGNOSES:

1. Internal derangement, right knee, M23.91.
2. Torn medial meniscus, right knee, S83.241A.
3. Internal derangement, left knee, M23.92.
4. Torn medial meniscus, left knee, S83.242A.

If the given history is correct, the injury to both knees is related to the accident which occurred on 04/23/2019.

TREATMENT/PLAN:

The standard care of treatment for cartilage tear of the knees is arthroscopic surgery and not physical therapy. The patient has had almost 8 weeks of physical therapy without improvement and his MRI is positive. So today, I have discussed the details of arthroscopic surgery of both knees. The details of the surgery, its risks and benefits have been discussed with him including the possibility of infection in the postoperative period necessitating future surgery. The patient understands everything. He has expressed that he would like to proceed with the surgery. The surgery date for the left knee has been set for 07/30/2019 and for the right knee, 08/06/2019. He needs to get medical clearance prior to surgery. After the surgery, he will need 6 to 8 weeks of physical therapy for each knee to regain full mobility of his knees.

The details of the surgery, risks and benefits including the possibility of infection were discussed with the patient. The patient was also informed that there is no guarantee that the patient will recover completely after the surgery.

The patient was also advised to discuss with his family members and call our office in case there is any change in plans.

Meanwhile, the patient will continue physical therapy.

I, Anjani Sinha, M.D., being duly licensed to practice medicine in the state of New York hereby affirm under the penalty of perjury that the statements contained herein are true and accurate to the best of my knowledge.

Sincerely yours,



ANJANI SINHA, M.D., M.S.
RAVI SALICKRAM, RPA-C

NORTH QUEENS SURGICAL CENTER
45-64 Francis Lewis Blvd.
Bayside, NY 11361
Phone: (929) 258-7720 Fax: (929) 258-7722

OPERATIVE REPORT

PATIENT NAME: BAEZ, JAMES	MEDICAL RECORD #: 18396
SURGEON: ANJANI SINHA, M.D.	DATE OF SURGERY: 07/30/2019
DATE OF BIRTH: 7/7/1961	
PREOPERATIVE DIAGNOSIS:	Left knee medial meniscus tear.
POSTOPERATIVE DIAGNOSES:	Left knee; torn medial meniscus, chondral injury of the patellofemoral compartment and the lateral compartment, extensive hypertrophic synovitis.
PROCEDURES:	<ol style="list-style-type: none">1. Left knee arthroscopy.2. Partial medial meniscectomy.3. Extensive Hypertrophic synovitis3. Coblation arthroplasty.
SURGEON:	Anjani Sinha, M.D.
ASSISTANT:	Robert Yuen, P.A.
ANESTHESIA:	LMA.
ANESTHESIOLOGIST:	Dr. Levy.
EBL:	Minimal.
ANTIBIOTICS:	IV Ancef.

PREOPERATIVE INDICATIONS: The patient is a 50-year-old male who sustained a left knee injury in a motor vehicle accident. He failed all conservative nonoperative treatment and now is indicated for a left knee arthroscopy. The patient understood all the risks and benefits of the procedure and wished to proceed.

PROCEDURE IN DETAIL: The patient was identified in the preoperative holding area. The operative site was signed by a surgeon. Informed consent was obtained. The patient was brought to the operating room. He was positioned supine on the OR table. He was given Ancef intravenously. Adequate anesthesia with LMA was achieved. The left lower extremity was prepped and draped in the usual sterile fashion. A time-out was performed and laterality was identified to the left knee. Standard anterolateral and anteromedial portals were established. The arthroscope and instruments were introduced. A diagnostic arthroscopy was begun. There was extensive hypertrophic synovitis throughout the joint. The medial compartment, showed a degenerative tear of the posterior horn of the medial meniscus; using a 4.2-mm shaver, a partial medial meniscectomy was performed of the torn portion of the medial meniscus,

NORTH QUEENS SURGICAL CENTER

45-64 Francis Lewis Blvd.

Bayside, NY 11361

Phone: (929) 258-7720 Fax: (929) 258-7722

OPERATIVE REPORT**PATIENT NAME:** BAEZ, JAMES**MEDICAL RECORD #:** 18396**SURGEON:** ANJANI SINHA, M.D.**DATE OF SURGERY:** 07/30/2019

down to a smooth and stable rim. Once this was accomplished, an extensive synovectomy was performed removing the extensive hypertrophic synovitis encountered within the medial compartment. The articular cartilage of the medial femoral condyle and tibial plateau was noted to be in good condition. The ACL was then probed and noted to be stable with a negative anterior drawer sign. Next, we turned our attention to the lateral compartment and the lateral meniscus was probed and there were no tears noted. There was grade 2 chondral lesion of the lateral femoral condyle and the tibial plateau; using the shaver a thorough debridement of the chondral lesions encountered was performed. However, there were unstable margins remaining and a Coblation arthroplasty had to be performed; using an ArthroCare wand and its plasma field, we melded the unstable margins, down to a smooth and stable surface. We then used the shaver to perform an extensive synovectomy removing the extensive hypertrophic synovitis encountered throughout the lateral compartment. Next, we examined the patellofemoral compartment and there was a grade 2 chondral lesion of the trochlea and the patella. We then used the shaver to perform a thorough debridement of the chondral lesion encountered. However, there were unstable margins remaining and a Coblation arthroplasty had to be performed to stabilize these margins using an ArthroCare wand, down to a stable surface. The arthroscope and instruments were then withdrawn. The portals were closed with buried 3-0 Monocryl. Marcaine 0.25% was injected into the portal sites intraarticular. Steri-Strips and dry sterile compressive dressings were applied. The patient was awakened and brought to the recovery room in satisfactory condition.




08/05/19 19:00 +00:00

Anjani Sinha, M.D.

JOB#: 118041914

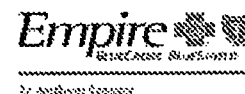
PCR: med: vr/js

D: 08/03/2019

T: 08/05/2019

EXHIBIT E

Empire BlueCross BlueShield
Grievances and Appeals
P.O. Box 1407, Church Street Station
New York, NY 10008-1407



July 13, 2020

ANJANI SINHA
2510 WESTCHESTER AVE
BRONX, NY 10461

More Details

Member ID
85207653

Case Number
APP-COMM-447270

Date Request Received
May 18, 2020

Confidential Health Plan Information for:
JAMES BAEZ

Important information about your appeal.

Reviewed by Anthem UM Services, Inc.

Dear ANJANI SINHA,

We've reviewed the appeal for a surgical procedure (Arthroscopy, procedure code 29881) for the above patient, provided by you on July 30, 2019, previously denied for medical necessity. We understand an appeal was requested because you feel this procedure was medically necessary.

We've gone over everything and have decided to change our previous decision. There's a detailed explanation below, but if you still have questions after reading it, feel free to get in touch.

Claim number 00760213750 has been sent to the appropriate area for adjustment. Please allow 30 days for processing, payment, and a new Explanation of Benefits.

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc. licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. Anthem UM Services, Inc. is a separate company providing utilization review services on behalf of Empire.

PROV_APPROVAL_STND

Your claim for any services approved during this review should be covered as long as:

- The member is eligible and enrolled in this health plan when services are provided
- The member doesn't reach a benefit limit that applies to the service at the time we process the claim
- The information we received when we reviewed your request is accurate.

If you have any questions, please give provider services a call. Or, you can call customer service at the phone number on your patient's ID card.

Sincerely,

Brittany G.
Grievances and Appeals Analyst
Grievances and Appeals

EXHIBIT

F

ANJANI SINHA MEDICAL PC

ANJANI SINHA, MD
229-19 MERRICK BLVD SUITE 430
LAURELTON, NY 11413-2108
PH: (732) 248-7700 FAX: (732) 248-0041

September 23, 2020

Attn: Appeals Department
P.O Box 1407,
Church Street Station,
New York, NY 10008-1407.

Re: James Baez
Patient's ID: YLD85207653
DOB: / /
DOS: 08/20/2019 (Billed charges \$31500.00)
DOS: 08/20/2019 (Billed charges \$3370.50)

To whom it may concern:

I'm appealing your company's decision to deny bill for right knee arthroscopy surgery performed by Dr. Anjani Sinha. The reason listed on the explanation of benefits is inappropriateness of the medical care provided as determined by your Medical Director's review of the case, attached you will find the letter of medical necessity from Dr. Anjani Sinha, MRI reports and office notes describing why he has determined that this procedure is medically necessary.

I am looking forward to your expeditious response as well as prompt response.

Please feel free to contact me if I may be of further assistance to you.

Thank you.

Mike Collins
P: 732 248 7700 Ext 136
F: 732 248 0041.

The fax that you have received contains highly confidential and federally protected health information. If you are not the intended recipient listed above and have received this fax in error, please notify us immediately at (732)248-7700 and destroy your copy immediately. Use or release of any information contained in this document can and will be prosecuted under HIPAA (Health Insurance Portability and Accountability Act of 1996) guidelines.

LETTER OF MEDICAL NECESSITY

September 18, 2020

Patient: James Baez

Date of Service & Service Type: 07/30/2019-8/20/2019 (Bilateral Knee Arthroscopy)

James Baez was a 50-year-old male, involved in a Motor Vehicle Accident on 04/23/2019. As a result of the accident, the patient sustained injury to the bilateral knee. This letter of medical necessity is to explain why the treatment performed on 07/30/2019-8/20/2019 (Bilateral Knee Arthroscopy) was medically necessary.

MRI of the Left Knee dated 06/03/2019 revealed tear at the body and posterior horn of the medial meniscus.

MRI of the Right Knee dated 06/03/2019 revealed tear at the body and posterior horn of the medial meniscus.

The patient presented to me for an evaluation on 07/09/2019 with the positive subjective and objective findings: bilateral knee pain associated with clicking and giving away of the knee. The patient has undergone 8 months of physical therapy without any improvement. Examination of the bilateral knee revealed medial and lateral joint line tenderness with decreased range of motion. McMurray test was positive. The patient was diagnosed with internal derangement, right knee; torn medial meniscus, right knee; internal derangement, left knee and torn medial meniscus, left knee. The patient was recommended Right Knee arthroscopy and Left Knee arthroscopy.

On 07/30/2019, the patient underwent Left Knee Arthroscopy.

On 08/20/2019, the patient underwent Right Knee Arthroscopy.

Given the course of treatment, it is clear to see that arthroscopy of bilateral knee were necessary for the patient to achieve pre-injury state and since the surgery was a necessity, the physician assistance services cannot be excluded. To continue with as per the article Meniscal tear: Meniscal tears are the failure of the fibrocartilaginous menisci of the knee. There are several types and can occur in an acute or chronic setting. **Meniscal tears are best evaluated with MRI.** With a sensitivity of ~95% and a specificity of 81% for medial meniscal tears and sensitivity of ~85% and a specificity of 93% for lateral meniscal tears, MRI is the modality of choice when a meniscal tear is suspected.

Further, as per an article Knee Injury: The knee is one of the most commonly injured parts of the body. Most knee injuries are caused by an external force bending or twisting the knee in a manner that it was not anatomically designed for. **Common causes of knee injuries are from a twisting mechanism from falls, sports, or accidents.** A twisted knee can cause damage to the ligaments and cartilage. High-force injuries such as sports-related injuries and motor vehicle accidents can disrupt multiple parts of the knee anatomy, causing multiple types of knee injuries. The main symptoms of knee injury are as follows: **Knee pain; Swelling; Heat; Redness; Tenderness; Difficulty bending the knee; Problems weight bearing; Clicking or popping sounds; Locking of the knee; Feeling of instability; Bruising.** Surgery may be indicated for tears of the ligaments or extensive meniscal tears. Some acute injuries such as those with high-force impact, or multiple parts of the knee damaged, may require emergency surgery. Furthermore, as per an article Knee Arthroscopy: **Knee arthroscopy may relieve painful symptoms of many problems that damage the cartilage surfaces and other soft tissues surrounding the joint.** Common arthroscopic procedures for the knee include:

- a. Removal or repair of a torn meniscus
- b. Reconstruction of a torn anterior cruciate ligament
- c. Removal of inflamed synovial tissue
- d. Trimming of damaged articular cartilage
- e. Removal of loose fragments of bone or cartilage
- f. Treatment of patella (kneecap) problems
- g. Treatment of knee sepsis (infection)

Also, as per an article Arthroscopic Meniscectomy: Clinical Presentation includes: **Joint line tenderness and effusion; Complaints of 'clicking', 'locking' and 'giving way' are common; Functionally unstable knee**; Symptoms are frequently more intense by flexing and loading the knee, with activities such as squatting and kneeling being poorly tolerated because of stiffness and pain. **Where non-operative therapy provides some degree of symptom relief over the long-term, these benefits may become increasingly ineffective as the affected meniscus degenerates over time.** Knee arthroscopy is a procedure that involves a surgeon investigating and correcting problems with a small tool called an arthroscope. It is a less invasive method of surgery used to both diagnose and treat issues in the joints. Knee arthroscopy is less invasive than open forms of surgery. A surgeon can diagnose issues and operate using a very small tool, an arthroscope, which they pass through an incision in the skin. **Knee arthroscopy surgery may be helpful in diagnosing a range of problems, including:**

- Persistent joint pain and stiffness
- Damaged cartilage
- Floating fragments of bone or cartilage
- A buildup of fluid, which must be drained.

In most of these cases, arthroscopy is all that is needed. People may choose it instead of other surgical procedures because arthroscopy often involves:

- Less tissue damages
- A faster healing times
- Fewer stitches
- Less pain after the procedure
- A lower risk of infection, because smaller incisions are made

Moreover, as per the Arthroscopic Meniscus Repair, Surgical Options for Torn Meniscus: Meniscus tears can be treated by meniscus removal (meniscectomy), meniscus repair, or in unusual circumstances, meniscus replacement. Since the goal of surgery is to preserve healthy meniscus, meniscus repair is attempted when the tear is repairable. Meniscectomy, removal of the damaged meniscus tissue, has good short term results but leads to the development of arthritis ten to twenty years later. Meniscus repair also has good results, but has a longer recovery time than meniscectomy and is limited to tears which are amenable to repair. Possible benefits of arthroscopic meniscus repair: The meniscus is an important structure for load transmission and shock absorption in the knee. The knee is subjected to up to 5 times body weight during activity, and half this force is transmitted through the meniscus with the knee straight, and 85% of the force goes through the meniscus with the knee bent ninety degrees. Loss of the meniscus increases the pressure on the articular (gliding) cartilage, which leads to degenerative changes. A successful meniscus repair preserves meniscus tissue and mitigates these changes. Also, Knee arthroscopy is a surgical technique that can diagnose and treat problems in the knee joint. During the procedure, your surgeon will make a very small incision and insert a tiny camera — called an arthroscope — into your knee. This allows them to view the inside of the joint on a screen. Arthroscopy diagnoses several knee problems, such as a torn meniscus or a (kneecap). It can also repair the ligaments of the joint. **There are limited risks to the procedure and the outlook is good for most patients.** Your doctor may recommend that you undergo a knee arthroscopy if you're experiencing knee pain. Your doctor might have already diagnosed the condition causing your pain, or they may order the arthroscopy to

help find a diagnosis. **In either case, an arthroscopy is a useful way for doctors to confirm the source of knee pain and treat the problem.**

In addition, as per the article, The Importance of Physician Assistants: There is a finite number of orthopedic surgeons trained to perform this kind of surgery, and that number is not increasing at a rate to keep up with demand. PAs are often the first person you will see in the evaluation process. They take a history, perform an exam and order X-Rays in order to diagnose your condition and outline a treatment plan. If surgery is indicated they will schedule surgery and begin the pre op process. In coordination with the orthopedic surgeon they will oversee this process which includes pre op optimization of your fitness and health, create a pre op plan for surgery and work with the facility to make sure all the necessary equipment is available for your procedure. They assist with surgery, manage your care in the hospital or surgery center and participate in your follow up care. While the number of patients requiring surgery is increasing the time available to see all new and follow up patients is decreasing as surgeons are spending progressively more time in the operating room. **PAs are enabling and partnering with orthopedic surgeons to keep up with the increased demand while maintaining or exceeding patient expectations.**

In conclusion, the Bilateral Knee Arthroscopy and associated Physician Assistant Service was within the medically accepted and required standards of care and medically necessary for the appropriate treatment and care of this patient.

Thank you.
Sincerely,

Dr. Anjani Sinha

ANJANI SINHA MEDICAL P.C.

164-10 Northern Boulevard, Suite 204
Flushing, NY 11358
Tel: 718-886-2011 Fax: 929-333-7950
anjanisinhamedicalpc@gmail.com

ANJANI SINHA, M.D., M.S. (Ortho)

Date: 05/04/2020

Re: James Baez
DOB: 11/1/1988
DOA: 04/23/2019

To Whom It May Concern

This letter is being sent on behalf of the above-mentioned patient to establish the medical necessity for surgical treatment of his right and left knees.

The patient has had almost 8 weeks of physical therapy but his pain has not improved despite the physical therapy and chiropractic treatments. The MRIs of his knees are positive.

Impression on the MRIs:

MRI of the right knee is positive for a tear of the body and posterior horn of the medial meniscus.

MRI of the left knee is positive for a tear of the body and posterior horn of the medial meniscus along with joint effusion anterior to the patellar tendon with some swelling.

Based on the MRIs and diagnostic studies, this patient requires left knee and right knee surgeries to treat these positive findings.

Please feel free to contact me if any additional information is required.

Sincerely,



ANJANI SINHA, M.D., M.S.

NORTH QUEENS SURGICAL CENTER
45-64 Francis Lewis Blvd.
Bayside, NY 11361
Phone: (929) 258-7720 Fax: (929) 258-7722

OPERATIVE REPORT

PATIENT NAME: BAEZ, JAMES

MEDICAL RECORD #: 18396

SURGEON: ANJANI SINHA, M.D.

DATE OF SURGERY: 08/20/2019

DATE OF BIRTH:

PREOPERATIVE DIAGNOSIS:

Right knee meniscus tear.

POSTOPERATIVE DIAGNOSES:

1. Right knee medial and lateral meniscus tear.
2. Extensive hypertrophic synovitis.
3. Chondromalacia of the lateral compartment and trochlea.

PROCEDURES:

1. Right knee arthroscopy.
2. Partial medial and lateral meniscectomy.
3. Extensive synovectomy.
4. Chondroplasty of the lateral compartment and trochlea.

SURGEON:

Anjani Sinha, M.D.

ASSISTANT:

Robert Yuen, PA.

ANESTHESIA:

LMA.

ANESTHESIOLOGIST:

Dr. Balakhaneh.

EBL:

Minimal.

ANTIBIOTICS:

IV clindamycin.

PREOPERATIVE INDICATIONS: The patient is a 50-year-old male who sustained a right knee injury in a motor vehicle accident. He failed all conservative treatment and is now indicated for a right knee arthroscopy. The patient understood all the risks and benefits of the procedure and wished to proceed.

PROCEDURE IN DETAIL: The patient was identified in the preoperative holding area. The operative site was signed a surgeon. Informed consent was obtained. The patient was brought to the operating room. He was positioned on the operating room table supine and was given clindamycin intravenously. Adequate anesthesia with LMA was achieved. The right lower extremity was prepped and draped in the usual sterile fashion. A time-out was performed and laterality was confirmed to the right knee. Standard anterolateral and anteromedial portals were made through which the arthroscope and instruments were introduced. A diagnostic arthroscopy was begun. Upon entering the medial compartment, the medial

NORTH QUEENS SURGICAL CENTER

45-64 Francis Lewis Blvd.

Bayside, NY 11361

Phone: (929) 258-7720 Fax: (929) 258-7722

OPERATIVE REPORT

PATIENT NAME: BAEZ, JAMES

MEDICAL RECORD #: 18396

SURGEON: ANJANI SINHA, M.D.

DATE OF SURGERY: 08/20/2019

meniscus was probed and noted to be stable; hospital; however, there was a degenerative tear in the anterior horn of the medial meniscus; using a 4.2-mm shaver we performed a partial medial meniscectomy down to a smooth and stable rim. There was extensive hypertrophic synovitis encountered throughout the medial compartment; using the shaver, we performed an extensive synovectomy removing the extensive hypertrophic synovitis encountered within the medial compartment. The articular cartilage of the medial compartment was noted to be intact. The ACL was then probed and demonstrated to be stable with a negative anterior drawer sign. Next, we turned our attention to the lateral compartment. There was a degenerative tear of the body of the lateral meniscus; using the shaver we performed a partial lateral meniscectomy of the torn portion of the lateral meniscus was down to a stable rim. Once this was accomplished, we performed an extensive synovectomy to address extensive hypertrophic synovitis encountered within the lateral compartment. The cartilage of the lateral femoral condyle and lateral tibial plateau demonstrated a grade 2 chondromalacia. We then used an ArthroCare wand to applied thermal ablation to the chondral injury. Once this was done, we accessed the patellofemoral compartment. The patellofemoral joint revealed signs of grade 2 chondromalacia of the trochlea. Thermal shrinkage was applied to the cartilaginous region in order to prevent further delamination of the region. We then performed an extensive synovectomy removing extensive hypertrophic synovitis from the suprapatellar pouch. The arthroscope and instruments were withdrawn. The portals were closed with buried 3-0 Monocryl. Marcaine 0.5% was injected into the portal sites intraarticular. Steri-Strips and dry sterile compressive dressings were applied. The patient was awakened and brought to the recovery room in satisfactory condition.



08/25/19 13:24 +00:00

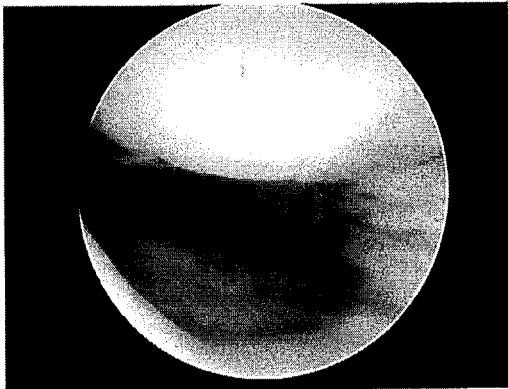
Anjani Sinha, M.D.

JOB#: 118097822

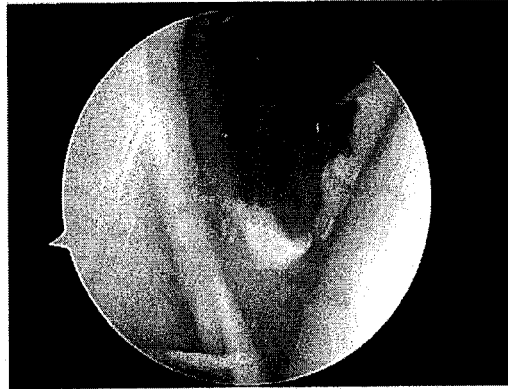
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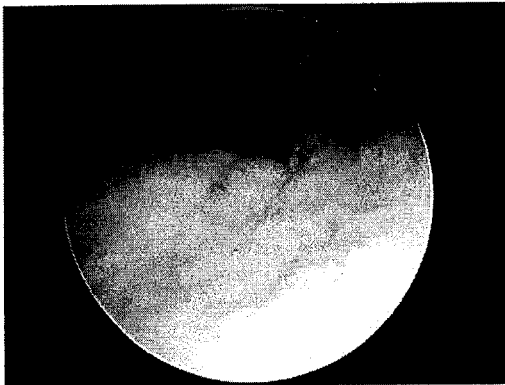
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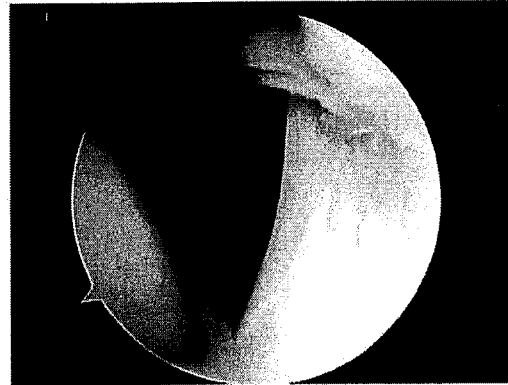
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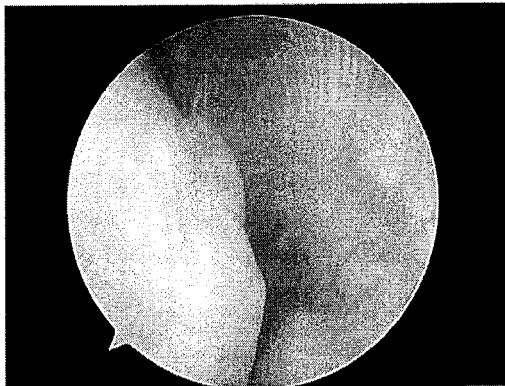
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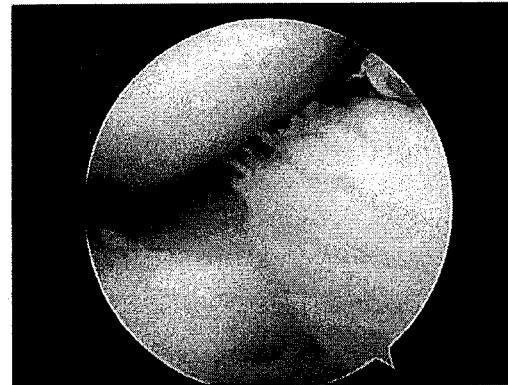
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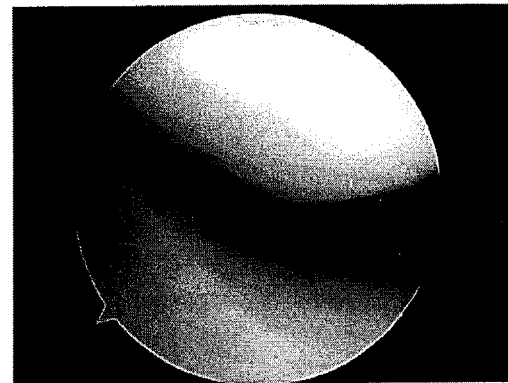
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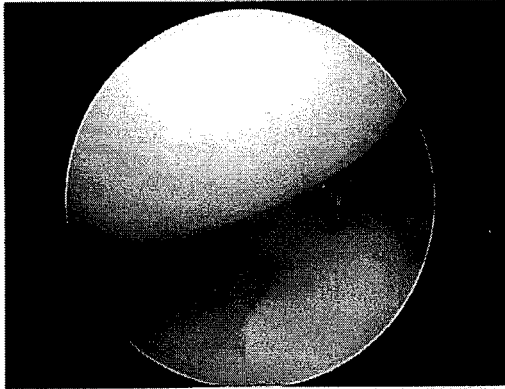
BAEZ

JAMES

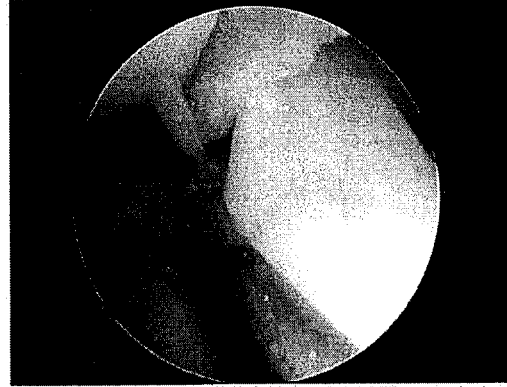
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Right Knee Arthroscopy -

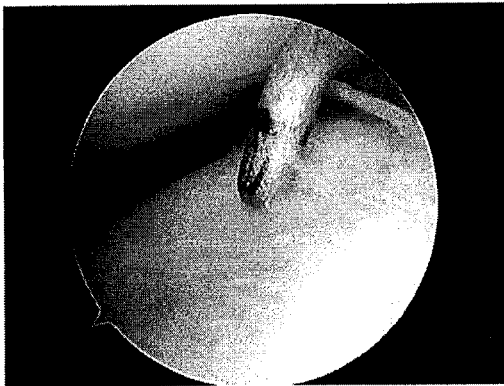
Dr.Sinha



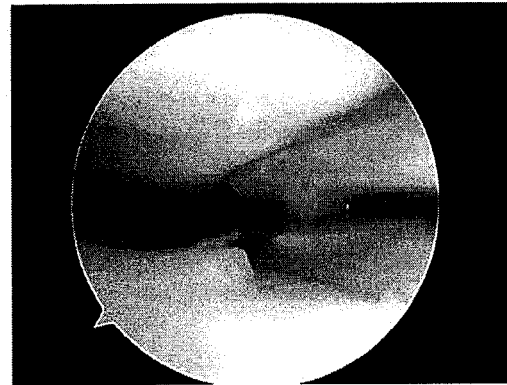
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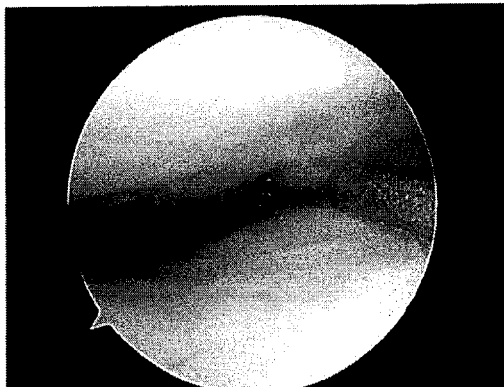
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RECEIVED 06/12/2019 18:14

To: "COMPLETE SPINAL PHYSICAL THERAPY & CHIROPRACTIC, PLLC" from: CDI Pages: 1



1963 Grand Concourse, LL Bronx, NY 10453
Tel: (718) 466-6400 Fax: (718) 466-4900
www.citimedny.com

PATIENT NAME: BAEZ, JAMES
DATE OF BIRTH: 1/1/1978
MRN #: BR7284
DATE OF SERVICE: 06/03/2019
REFERRING PHYSICIAN: MARK GALATI, DC

MRI OF THE RIGHT KNEE WITHOUT CONTRAST

INDICATION: Pain

COMPARISON: No prior studies were available for comparison at the time of dictation.

TECHNIQUE: T1, T2, and PD axial, coronal, and sagittal sequences without intravenous contrast.

FINDINGS:

Tear at the body and posterior horn of the medial meniscus. Lateral meniscus is intact. No meniscocapsular separation. No meniscal cyst.

ACL is intact. PCL is intact. MCL is intact. Lateral (fibular) collateral ligament is intact. Conjoined tendon is intact. Popliteus tendon is normal.

Patellar tendon is intact. Quadriceps tendon is intact. No patellar tilt or subluxation. Patellofemoral ligaments are intact.

Intact articular cartilage. No fracture. Bone marrow signal is normal.

No effusion. No popliteal cyst. No intra-articular loose body. Visualized muscle signal is normal.

IMPRESSION:

Tear at the body and posterior horn of the medial meniscus.

Thank you for the opportunity to participate in the care of this patient.

PRIYESH PATEL, M.D., M.P.H.
Board Certified Diagnostic Radiologist
Musculoskeletal & Spine Imaging Specialist

Signed by PRIYESH PATEL, MD, MPH at 6/12/2019 6:19:43 PM

EXHIBIT

G

Lien Agreement

I, (Patient's Name), residing at (Patient's Address), for and in consideration of medical care and services rendered to me by (the "Provider") beginning with (Today's Date) do hereby assign, transfer and set unto the Provider such part of any amount that hereafter be or become indebted and/or payable to me as a result of any judgment, settlement, funds or proceeds of any claim or action arising from injuries sustained by me on or about (Date of Accident) as is necessary to pay in full for said medical services and I further consent, agree and stipulate that said medical fees and or charged against any such judgment, settlement, funds or proceeds of any such claim of action secured and/or obtained as a result of any such claim or action as I may have regardless of who may be in possession of such funds or proceeds.

I hereby authorize and direct such person or persons, party or parties, firm or firms, corporation or corporations who will or may become indebted to me as a result thereof to pay over to the Provider or its Assignee, from and out of the amount of funds, proceeds or monies due. The Provider or its assignee, for medical services, without further notice to such parties from me and I agree to hold such parties harmless on account of any such payments made.

I hereby authorize and direct my attorney or attorneys or any other person or persons unto whose hands or possession any of the said funds, proceeds, or monies shall come, to hold in trust and pay over to the Provider or its assignee for such medical care and services as herein, before, referred to.

In witness where I have hereunto, set my hand on this _____ day of _____ of _____.


(Print Name)


(Patient Signature)

(Attorney's Signature)

ANJANI K. SINHA, MEDICAL P.C.

Dr. Anjani K. Sinha- Orthopedic Surgery
94-11 Jamaica Avenue Jamaica, NY 11421
Tel: 929-467-8080 Fax: 718-374-3771
VIPORTHOTEAM@GMAIL.COM

ANJANI K. SINHA, MEDICAL P.C.

Dr. Anjani K. Sinha- Orthopedic Surgery
94-11 Jamaica Avenue Jamaica, NY 11421
Tel: 929-487-8080 Fax: 718-374-3771
VIPORTHOTEAM@GMAIL.COM

To ATTORNEY(S): _____
PATIENT NAME: James Baez
DATE OF BIRTH: _____

TO WHOM IT MAY CONCERN:

I HEREBY AUTHORIZE AND DIRECT YOU, MY INSURANCE, AND/OR MY ATTORNEY TO PAY, DIRECTLY TO ANJANI SINHA, MEDICAL P.C. THE SUMS AS MAYBE DUE AND OWING THIS OFFICE FOR SERVICES RENDERED ME BOTH BY REASON OF THIS ACCIDENT OR COMPENSATION BENEFITS, PERSONAL INJURY, NO-FAULT OR ANY OTHER INSURANCE BENEFITS OBLIGATED TO REIMBURSE ME OR FROM ANY SETTLEMENT, JUDGEMENT OR VERDICT ON MY BEHALF AS MAY BE NECESSARY TO ADEQUATELY PROTECT SAID OFFICE. I HEREBY FURTHER GIVE LIEN TO SAID OFFICE AGAINST ANY AND ALL INSURANCE BENEFITS NAMED HEREIN, AND ANY PROCEEDS OF ANY SETTLEMENT, JUDGEMENT OR VERDICT WHICH MADE BE PAID TO ME AS A RESULT OF THE INJURIES OR ILLNESS FOR WHICH I HAVE BEEN TREATED BY SAID OFFICE THIS IS TO ACT AS ASSIGNMENT OF MY RIGHTS AND BENEFITS TO THE EXTENT OF THE OFFICE'S SERVICES PROVIDED. IN THE EVENT MY INSURANCE COMPANY AND AUTHORIZE THIS OFFICE'S NAME AND FURTHER, I AUTHORIZE THIS OFFICE TO COMPROMISE, SETTLE, OR OTHERWISE RESOLVE SAID CLAIMS OR CAUSE OF ACTION AS THEY SEE FIT.

I UNDERSTAND THAT I REMAIN PERSONALLY RESPONSIBLE FOR THE TOTAL AMOUNTS DUE TO THE FACILITY FOR THEIR SERVICES, I FURTHER UNDERSTAND AND AGREE THAT THIS ASSIGNMENT, LIEN AND AUTHORIZATION DOES NOT CONSTITUTE AND CONDERATION FOR THE FACILITY TO AWAYE PAYMENT AND THEY MAY DEMAND PAYMENTS FROM ME IMMEDIATELY UPON RENDERING SERVICES AT THEIR OPTION. I AUTHORIZE THE FACILITY TO RELEASE ANY INFORMATION PERTINENT TO MY CASE TO ANY INSURANCE COMPANY, ADJUSTER OR ATTORNEY TO ENDORSE/SIGN MY NAME ON ALL CHECKS FOR PAYMENT OF MY MEDICAL BILL.

I FURTHER UNDERSTAND AND AGREE THAT THIS OFFICE MUST TAKE ANY ACTION TO COLLECT AN OUTSTANDING BALANCE ON MY ACCOUNT, I WILL BE RESPONSIBLE FOR PAYMENT OF AND WILL REIMBURSE THIS OFFICE FOR ALL COSTS OF SUCH COLLECTION EFFORTS, INCLUDING BUT NOT LIMITED TO ALL COURT COSTS AND ALL ATTORNEY FEES.

PATIENT James A. Baez Jr. J. Baez DATE 7/9/19
WITNESS: _____

ATTORNEY SIGNATURE OR STAMP: _____

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

INDEX #: 1:21-cv-00138

ANJANI SINHA MEDICAL, P.C.

Plaintiff,

-against-

EMPIRE HEALTHCHOICE ASSURANCE, INC.,
DBA EMPIRE BLUE CROSS BLUE SHIELD,

Defendant.

AMENDED COMPLAINT

JONATHAN B. SELOWE, ESQ.
Attorneys for Plaintiff
112C Broadway
Malverne, NY 11565
(718) 229-6100

Pursuant to 22 NYCRR 130-1.1, the undersigned, an attorney duly admitted to practice in the courts of New York State, certifies that, upon information and belief and reasonable inquiry, the contentions contained in the annexed documents are not frivolous.

Dated:

Signature:

Print Signer's Name: Jonathan B. Seplowe, Esq.

TO:

TROUTMAN PEPPER HAMILTON SANDERS LLP
ATTORNEYS FOR DEFENDANT
875 THIRD AVENUE
NEW YORK, NEW YORK 10022
(212) 704-6000